

**BETH C. DRAIN, CA CSR NO. 7152**

BEFORE THE  
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE AND  
THE APPLICATION REVIEW SUBCOMMITTEE  
TO THE  
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE  
ORGANIZED PURSUANT TO THE  
CALIFORNIA STEM CELL RESEARCH AND CURES ACT  
REGULAR MEETING

LOCATION: VIA ZOOM

DATE: JUNE 18, 2021  
9 A.M.

REPORTER: BETH C. DRAIN, CA CSR  
CSR. NO. 7152

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JANUARY 18, 2021; 9 A.M.

CHAIRMAN THOMAS: GOOD JUNE MORNING,  
EVERYBODY. WELCOME TO THE REGULARLY SCHEDULED  
MEETING OF THE APPLICATION REVIEW SUBCOMMITTEE AND  
THE ICOC. MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: DAN BERNAL. GEORGE  
BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MS. BONNEVILLE: LINDA BOXER.

DR. BOXER: PRESENT.

MS. BONNEVILLE: ALLISON BRASHEAR.

DR. BRASHEAR: HERE.

MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

DR. CLARK-HARVEY: HERE.

MS. BONNEVILLE: DEBORAH DEAS.

DR. DEAS: HERE.

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MS. BONNEVILLE: YSABEL DURON.

MS. DURON: HERE.

MS. BONNEVILLE: MARK FISCHER-COLBRIE.

DR. FISCHER-COLBRIE: HERE.

MS. BONNEVILLE: ELENA FLOWERS. JUDY  
GASSON.

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1 DR. GASSON: HERE.  
2 MS. BONNEVILLE: LARRY GOLDSTEIN.  
3 DR. GOLDSTEIN: HERE.  
4 MS. BONNEVILLE: DAVID HIGGINS.  
5 DR. HIGGINS: HERE.  
6 MS. BONNEVILLE: STEPHEN JUELSGAARD.  
7 MR. JUELSGAARD: HERE.  
8 MS. BONNEVILLE: PAT LEVITT.  
9 DR. LEVITT: HERE.  
10 MS. BONNEVILLE: LINDA MALKAS.  
11 DR. MALKAS: HERE.  
12 MS. BONNEVILLE: DAVE MARTIN.  
13 DR. MARTIN: HERE.  
14 MS. BONNEVILLE: SHLOMO MELMED.  
15 DR. MELMED: HERE.  
16 MS. BONNEVILLE: CHRISTINE MIASKOWSKI:  
17 DR. MIASKOWSKI: HERE.  
18 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
19 MS. MILLER-ROGEN: HERE.  
20 MS. BONNEVILLE: ADRIANA PADILLA.  
21 DR. PADILLA: HERE.  
22 MS. BONNEVILLE: JOE PANETTA.  
23 MR. PANETTA: HERE.  
24 MS. BONNEVILLE: AL ROWLETT.  
25 MR. ROWLETT: HERE.

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1 MS. BONNEVILLE: MICHAEL STAMOS.  
2 DR. STAMOS: HERE.  
3 MS. BONNEVILLE: OS STEWARD.  
4 DR. STEWARD: HERE.  
5 MS. BONNEVILLE: JONATHAN THOMAS.  
6 CHAIRMAN THOMAS: HERE.  
7 MS. BONNEVILLE: ART TORRES.  
8 MR. TORRES: HERE.  
9 MS. BONNEVILLE: KRISTINA VUORI.  
10 DR. VUORI: HERE.  
11 MS. BONNEVILLE: KAROL WATSON.  
12 DR. WATSON: HERE.  
13 MS. BONNEVILLE: KEITH YAMAMOTO.  
14 WE HAVE A QUORUM. AND I MISSED ONE. FRED  
15 FISHER.  
16 DR. FISCHER-COLBRIE: MARK FISCHER-COLBRIE  
17 IS HERE TOO.  
18 MS. BONNEVILLE: THANK YOU, MARK.  
19 DR. FISCHER-COLBRIE: THANK YOU.  
20 MS. BONNEVILLE: WE ARE A QUORUM.  
21 CHAIRMAN THOMAS: I THOUGHT HE MIGHT BE  
22 LATE. AND LEONDRA IS ON?  
23 MS. BONNEVILLE: YES, SHE IS.  
24 CHAIRMAN THOMAS: THANK YOU VERY MUCH.  
25 WE'LL PROCEED FIRST TO THE -- ACTUALLY IF

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1 YOU WANT TO HOLD ON ONE SECOND. BY THE WAY, FOLKS,  
2 MY INTERNET IS HAVING SOME ISSUES. SO I HOPE THAT  
3 IT'S NOT GOING TO BE PROBLEMATIC. TRIED TO FIND THE  
4 PLACE IN THE HOUSE HERE THAT WORKS THE BEST. BEAR  
5 WITH ME FOR ONE SECOND.

6 MR. TORRES: WELL, IF IT DOESN'T WORK,  
7 THAT'S WHY YOU HAVE A VICE CHAIR.

8 CHAIRMAN THOMAS: THAT'S ABSOLUTELY  
9 CORRECT, WHICH IS WHY I'M MENTIONING THIS, ART.  
10 JUST IN CASE BECAUSE WE'VE BEEN HAVING SOME REAL  
11 ISSUES STARTING LAST NIGHT. BUT I WILL BE RIGHT  
12 BACK. GIVE ME ONE SECOND HERE. SORRY.

13 (PAUSE IN PROCEEDINGS.)

14 CHAIRMAN THOMAS: THANK YOU FOR BEARING  
15 WITH ME. I JUST NEEDED TO CHECK ONE THING HERE.

16 SO THE FIRST ORDER OF THE DAY IS WE  
17 NEED -- ADRIANA PADILLA HAS BEEN REAPPOINTED AND WE  
18 NEED TO SWEAR HER IN FOR HER NEXT TERM. SO,  
19 ADRIANA, IF YOU COULD RAISE YOUR RIGHT HAND AND  
20 REPEAT AFTER ME.

21 (DR. PADILLA WAS THEN DULY SWORN IN  
22 AND REAPPOINTED TO THE ICOC BOARD.)

23 CHAIRMAN THOMAS: CONGRATULATIONS AND  
24 WELCOME BACK.

25 DR. PADILLA: THANK YOU.

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1           CHAIRMAN THOMAS: OKAY. WE'LL NOW MOVE ON  
2 TO THE CHAIR'S REPORT WHICH WILL SORT OF BE BROKEN  
3 DOWN INTO THREE PARTS. NO. 1, WE'RE GOING TO ASK  
4 THE NEW MEMBERS WHO ARE ONLINE HERE TO BRIEFLY  
5 INTRODUCE THEMSELVES AS IS OUR HISTORICAL PRECEDENT.  
6 NO. 2, WE WILL DO A QUICK RECAP OF WHERE THE BOARD  
7 HAS BEEN SINCE THE PASSAGE OF PROP 14. AND, NO. 3,  
8 WE WILL TALK ABOUT AND LAUD OUR FIVE RECENTLY  
9 DEPARTED BOARD MEMBERS, DEPARTED AS IN LEAVING THE  
10 BOARD, MIND YOU, AND HAVE SOME COMMENTS ABOUT THEM.

11                   SO FIRST OF ALL, LEONDRA, IF YOU COULD  
12 JUST INTRODUCE YOURSELF BRIEFLY TO THE BOARD PLEASE.

13           DR. CLARK-HARVEY: SURE. GOOD MORNING,  
14 EVERYONE. GREAT TO SEE YOU. I'M DR. LEONDRA  
15 CLARK-HARVEY. I'M A PSYCHOLOGIST BY TRADE WHO MADE  
16 A TRANSITION SEVERAL YEARS AGO TO PROFESSIONAL  
17 ADVOCATE. SO I WORKED IN THE STATE CAPITOL, I'VE  
18 WORKED IN BOTH THE SENATE AND ASSEMBLY IN LEADERSHIP  
19 POSITIONS, AND THEN HAD THE OPPORTUNITY TO BE THE  
20 CEO OF THE CALIFORNIA COUNCIL OF COMMUNITY  
21 BEHAVIORAL HEALTH AGENCIES -- WE CALL IT CBHA FOR  
22 SHORT -- REPRESENTING MENTAL HEALTH AND SUBSTANCE  
23 USE DISORDER CLINICS ACROSS THE STATE. SO I'VE BEEN  
24 DOING THAT FOR PAST FOUR YEARS.

25                   REALLY HONORED TO BE IN THAT POSITION AND

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1 BRING MY EXPERIENCE AS AN ADVOCATE AND AS A  
2 PSYCHOLOGIST TO BEAR AND REALLY THRILLED ABOUT THIS  
3 APPOINTMENT.

4 SO THAT'S A LITTLE BIT ABOUT ME  
5 PROFESSIONALLY. PERSONALLY I'M A MOM OF TWO LITTLE  
6 BOYS WORKING FROM HOME, AS YOU CAN SEE, DURING THIS  
7 PANDEMIC WITH TODDLERS. SO JUST TRYING TO HANG IN  
8 THERE AND GETTING A GRAY HAIR IN HONOR OF ONE OF MY  
9 CHILDREN OR THE OTHER EVERY DAY.

10 CHAIRMAN THOMAS: THANK YOU, LEONDRA.  
11 MARIA, IS FRED ON YET OR STILL NOT ON AT THIS POINT?

12 MS. BONNEVILLE: HE'S NOT ON. SO I  
13 WOULD -- HE'LL JOIN LATER IN THE MEETING HOPEFULLY,  
14 SO WE CAN HAVE HIM TALK.

15 CHAIRMAN THOMAS: GREAT. SO NEXT WE'VE  
16 GOT JOSEPH KIM, WHO IS OUR ALTERNATE FOR DR.  
17 ABDULHAQ AT UCSF FRESNO. COULD YOU PLEASE INTRODUCE  
18 YOURSELF.

19 DR. KIM: SURE. THANK YOU. GREAT TO BE  
20 HERE AND SEE EVERYBODY. I'M FILLING IN FOR  
21 DR. ABDULHAQ. I'M ASSISTANT PROFESSOR HERE UCSF  
22 FRESNO IN INFECTIOUS DISEASES, SO TEACHING OUR  
23 FELLOWSHIP PROGRAM. ALSO HAVE A BACKGROUND IN  
24 IMMUNOLOGY RESEARCH TRANSPLANT IMMUNOLOGY. AND VERY  
25 EXCITED TO PARTICIPATE.

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1 FIRST A LITTLE BIT OF PERSONAL INFORMATION  
2 ABOUT MYSELF. I'M A CALIFORNIA GUY, GREW UP IN LOS  
3 ANGELES, AND RIGHT NOW ENJOYING THE FRESNO HEAT.  
4 IT'S ABOUT 110 DEGREES RIGHT NOW OR IT'S GOING TO BE  
5 110 DEGREES TODAY.

6 CHAIRMAN THOMAS: THANK YOU. AND THEN  
7 WHEN FRED FISHER JOINS LATER ON IN THE MEETING,  
8 WE'LL HAVE HIM INTRODUCE HIMSELF AS WELL. HE'S THE  
9 NEW PATIENT ADVOCATE FOR ALS AND MS REPLACING DIANE  
10 WINOKUR.

11 SO BRIEFLY JUST TO RECAP, THIS HAS BEEN A  
12 BIT OF A WHIRLWIND PERIOD FOR ALL MEMBERS OF THE  
13 CIRM FAMILY SINCE THE PASSAGE OF PROP 14 IN NOVEMBER  
14 OF LAST YEAR, WHICH, AS WE KNOW, REUPPED THE AGENCY  
15 WITH AN ADDITIONAL \$5.5 BILLION TO SPEND, WHICH THE  
16 TEAM AND THE BOARD HAVE READILY BEEN ABOUT WORKING  
17 ON HOW BEST TO DEPLOY THAT AMOUNT, ALL OF WHICH, OF  
18 COURSE, HAS TAKEN PLACE IN THE CONTEXT OF THE  
19 CONTINUING PANDEMIC. WHEN THE BOARD GEARED UP AGAIN  
20 IN DECEMBER, OF COURSE, THIS WAS PREVACCINE  
21 AVAILABILITY. A LOT HAS CHANGED OVER THE COURSE OF  
22 THE LAST FEW MONTHS. THANKFULLY, PARTICULARLY HERE  
23 IN CALIFORNIA, BUT EVERYTHING OVER THE COURSE OF THE  
24 LAST EIGHT MONTHS HAS BEEN VIRTUAL AND HAS ACTUALLY  
25 WORKED VERY WELL FROM THE BOARD PERSPECTIVE AS IT'S

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1     ENABLED MORE MEMBERS TO JOIN REGULARLY TO OUR CALLS  
2     AND HAS BEEN, FROM MY PERSPECTIVE, A VERY PRODUCTIVE  
3     TIME.

4             JUST TO GO BACK OVER A BIT OF WHAT WE'VE  
5     DONE IN THE LAST SEVERAL MONTHS, IN DECEMBER WE HAD  
6     OUR FIRST BIG BOARD MEETING FOLLOWING THE ELECTION  
7     AT WHICH WE, AMONG OTHER THINGS, SET A NEW BUDGET  
8     FOR THE BALANCE OF THE FISCAL YEAR. AS YOU RECALL,  
9     WE HAD PRIOR TO THAT HAD A WIND-DOWN BUDGET WHICH  
10    WAS CONSIDERABLY LESS MONEY AVAILABLE THAN WE HAVE  
11    NOW UNDER THE NEW PROPOSITION. SO WE NEEDED TO  
12    RECAST WHAT WE ARE GOING TO DO OVER THE NEXT SIX  
13    MONTHS. AND THAT IN THAT BUDGET, AS YOU RECALL, IT  
14    CONTEMPLATED RESTARTING A NUMBER OF OUR CORE  
15    PROGRAMS, PARTICULARLY ALL OF THE SCIENCE PROGRAMS,  
16    THE DISCOVERY, TRANSLATIONAL, AND CLINICAL. WE  
17    ANTICIPATED, IN ADDITION, BECAUSE WE HAD CUT THE  
18    TEAM DOWN CONSIDERABLY AS WE WERE IN POTENTIAL  
19    WIND-DOWN MODE, WE RESOLVED AT THE DECEMBER MEETING  
20    TO ADD UP TO TEN NEW MEMBERS OF THE TEAM BETWEEN  
21    THEN AND THE END OF THE FISCAL YEAR WHICH IS COMING  
22    UP ON JUNE 30. AND I'M VERY HAPPY AND VERY  
23    IMPRESSED TO REPORT THAT THE TEAM DID AN INCREDIBLE  
24    JOB IN RECRUITING WORLD-CLASS FOLKS FOR A NUMBER OF  
25    DIFFERENT POSITIONS HERE LED BY DR. MILLAN AND BY

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1 MARIA BONNEVILLE. AND WE'VE GOTTEN A NUMBER OF  
2 THOSE IN PLACE. I THINK, MARIA, IS IT NOW EIGHT OF  
3 THE TEN; IS THAT CORRECT?

4 MS. BONNEVILLE: MARIA WILL BE COVERING  
5 THIS IN HER REPORT.

6 CHAIRMAN THOMAS: OKAY. THANK YOU. IN  
7 ANY EVENT, THAT HAS BEEN A GREAT SUCCESS AND FURTHER  
8 ADDED TO OUR ALREADY STELLAR TEAM GOING FORWARD.

9 THE MEASURE, AS YOU KNOW, ADDED SIX NEW  
10 BOARD MEMBERS TO THE MIX: TWO NEW PATIENT ADVOCATES  
11 IN MENTAL HEALTH, TWO NURSES, AND TWO  
12 REPRESENTATIVES FROM THE UC, ONE FROM UC RIVERSIDE  
13 AND ONE FROM UCSF FRESNO.

14 THE BUDGET PLANS THAT WE ADOPTED BOTH  
15 CONTEMPLATED INCREASED SPENDING IN ADMIN AS WELL AS  
16 OUR LEGACY PROGRAMS. AND THAT HAS, OF COURSE, AS  
17 WE'VE GONE ON BEEN IMPLEMENTED OVER THE LAST SIX  
18 MONTHS.

19 ONE OF THE THINGS THAT IMMEDIATELY WAS THE  
20 SUBJECT MATTER OF GREAT DISCUSSION BACK IN DECEMBER  
21 AND EVER SINCE HAS BEEN INCREASING ATTENTION IN THE  
22 AREA OF DIVERSITY, EQUITY, AND INCLUSION BOTH WITH  
23 RESPECT TO THE GRANTS THAT WE GIVE AS WELL AS THE  
24 TEAMS THAT ARE PRESENTING THOSE GRANTS. AND THAT  
25 EFFORT HAS LED TO THE AMENDING OF A NUMBER OF OUR

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1 CONCEPT PLANS TO FACTOR IN THIS INCREASED EMPHASIS,  
2 AND THAT WORK IS GOING TO BE SOMETHING THAT WILL  
3 CONTINUE OVER TIME.

4 IMPORTANTLY, THERE'S BEEN A LOT OF  
5 DISCUSSION ON HOW TO FACTOR DEI INTO THE GWG  
6 DELIBERATIONS AND RECOMMENDATIONS. AND THAT WORK IS  
7 SOMETHING THAT CONTINUES TO BE IN PROGRESS AND IS  
8 GOING TO BE REFINED UNTIL WE HAVE THINGS FULLY  
9 IMPLEMENTED.

10 IN JANUARY YOU RECALL WE HAD JAMES PRESENT  
11 AN IN-DEPTH REVIEW OF PROPOSITION 14, WHICH HAS IN  
12 IT A NUMBER OF NEW ELEMENTS THAT WE'VE TALKED ABOUT  
13 FAIRLY EXHAUSTIVELY RANGING FROM THE BILLION AND A  
14 HALF ALLOCATED SPECIFICALLY TO DISEASES OF THE  
15 BRAIN, TO EXPANDED ALPHA CLINICS, PLUS THE ADVENT OF  
16 THE SATELLITES, THE SO-CALLED COMMUNITY CARE CENTERS  
17 OF EXCELLENCE.

18 WE HAVE HAD REUPPING OF TRAINING AND  
19 SHARED LAB AWARD CONCEPTS. WE HAVE HAD A PROVISION  
20 ALLOWING FOR THE ESTABLISHMENT OF ADVISORY PANELS TO  
21 THE CHAIR AND THE CEO. WE'VE HAD A NUMBER OF  
22 DIFFERENT ELEMENTS IN THERE ABOUT WORKING GROUPS,  
23 MOST NOTABLY A VERY IMPORTANT NEW WORKING GROUP, THE  
24 ACCESSIBILITY AND AFFORDABILITY WORKING GROUP, WHICH  
25 IS CHAIRED BY SENATOR TORRES, WHICH IS GOING TO BE

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1 DEALING WITH THE VERY IMPORTANT ISSUES OF HOW TO  
2 MAKE TREATMENTS AND CURES THAT ARISE FROM OUR GRANTS  
3 AVAILABLE TO ALL CITIZENS OF CALIFORNIA,  
4 PARTICULARLY IN UNDERSERVED AREAS AT AFFORDABLE  
5 PRICES. THAT PARTICULAR WORKING GROUP IS GOING TO  
6 HAVE, AS YOU KNOW, FIVE BOARD MEMBERS WHICH WE NAMED  
7 EARLY IN THE YEAR, AS WELL AS UP TO 15 NEW MEMBERS  
8 OF THE CIRM TEAM TO SUPPORT THAT EFFORT. AND THAT  
9 WILL BE SOMETHING THAT'S GOING TO BE GETTING  
10 INCREASING ATTENTION AS TIME GOES BY.

11 SENATOR TORRES AND I AND MARIA BONNEVILLE  
12 HAVE BEEN BUSY LOOKING FOR CANDIDATES FOR THE -- IN  
13 ADDITION TO THE FIVE BOARD MEMBERS, THERE ARE TEN  
14 SLOTS OF EXPERTS THAT BRING DIFFERENT PERSPECTIVES  
15 TO THE TABLE. AND THAT PROCESS OF NAMING THOSE TEN  
16 IS SOMETHING THAT'S TAKEN A FAIR BIT OF TIME. WE  
17 HAVE EIGHT OF THE TEN IDENTIFIED NOW AND ARE CLOSE  
18 TO FILLING OUT THE OTHER TWO, AT WHICH POINT THAT  
19 WORKING GROUP IS GOING TO BE HOLDING ITS FIRST  
20 MEETING AND DISCUSSING SCOPE OF WORK, PROPOSED  
21 BUDGETS, ALL THAT SORT OF THING.

22 SO AFTER THE JANUARY MEETING WHERE WE HAD  
23 ALL THE DISCUSSION ON THAT NEW MEASURE, WE WENT IN  
24 FEBRUARY TO, AMONG OTHER THINGS, THE FIRST OF OUR  
25 ADVISORY PANELS, WHICH WAS THE SCIENTIFIC STRATEGIC

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1     ADVISORY PANELS, SO-CALLED SSAP, WHICH DR. MILLAN  
2     AND I PUT TOGETHER, WHICH WAS COMPRISED, AS YOU WILL  
3     RECALL, OF 14 WORLD EXPERTS IN THE FIELD OF  
4     REGENERATIVE MEDICINE TO TAKE STOCK OF THE NEW  
5     MEASURE AND TO HEAR PRESENTATIONS FROM A NUMBER OF  
6     OUR FOLKS UP AND DOWN THE STATE WHO ARE RUNNING  
7     DIFFERENT PROJECTS AND PROGRAMS ALL TOWARDS SPURRING  
8     DISCUSSION ON HOW THE NEW MEASURE COULD BE USED AND  
9     PROGRAMS EITHER ESTABLISHED OR IMPROVED OR WHATEVER  
10    AS PART OF A YEAR-LONG PROCESS THAT DR. MILLAN IS  
11    RUNNING TO DEVELOP THE NEW STRATEGIC PLAN FOR CIRM,  
12    WHICH PLAN IS GOING TO BE FINALIZED THIS DECEMBER.

13             IN THE INTERVENING MONTHS SINCE THEN, THE  
14    BOARD HAS SEEN THE LAUNCHING OF OUR CORE PROGRAMS.  
15    WE HAD OUR FIRST GWG MEETING IN MARCH FOR THE  
16    CLINICAL AWARDS AND, AS BEFORE, HAVE HAD GWG  
17    MEETINGS ON A MONTHLY BASIS SINCE THEN TO CONTINUE  
18    THOSE.

19             WE'VE HAD THE RELAUNCHING OF OUR  
20    EDUCATIONAL PROGRAMS, WHICH INCLUDE BRIDGES AND  
21    SPARK AND, IMPORTANTLY, THE REVITALIZED TRAINING  
22    GRANTS. AND THAT HAS GOTTEN A GREAT DEAL OF  
23    ATTENTION.

24             WE SUBSEQUENTLY HAVE HAD A NEW BUDGET  
25    DEVELOPED FOR FISCAL 21/22, WHICH YOU WILL SEE

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1 DISCUSSED FURTHER IN THE MEETING TODAY, BOTH, AGAIN,  
2 ON THE SCIENCE SIDE AND THE ADMINISTRATIVE SIDE, AND  
3 ARE FULLY PREPARED NOW TO LAUNCH INTO THE NEXT  
4 FISCAL YEAR WITH OUR PROGRAMS LARGELY REUPPED AT  
5 THIS POINT. AND WE WILL SEE A FULL COMPLEMENT ON  
6 THE SCIENCE SIDE.

7 IN ADDITION TO CLIN, WE HAD OUR FIRST TRAN  
8 GWG, THE BOARD AUTHORIZED AWARDS FROM THAT, AND  
9 WE'LL BE COMING UP ON THE FIRST DISCOVERY GWG AND  
10 AUTHORIZATION OF THOSE AWARDS GOING FORWARD.

11 WE'VE HAD ALSO, AND I'M SURE DR. MILLAN  
12 WILL BE REFERENCING THIS, THE TEAM, IN ADDITION TO  
13 PUTTING TOGETHER THE SCIENTIFIC STRATEGIC ADVISORY  
14 PANEL, HAD AN EXCELLENT WORKSHOP LED BY DR. PATEL  
15 AND DR. TALIB ON MANUFACTURING ISSUES. AND THAT HAS  
16 SET THE TABLE FOR A LOT OF CONSIDERATION ON HOW WE  
17 MOVE FORWARD ON THIS MOST IMPORTANT ELEMENT.

18 SO THAT SORT OF BRINGS YOU UP TO DATE.  
19 THE BOARD HAS, AS YOU KNOW, IN AN ORDINARY COURSE  
20 WOULD BE HAVING QUARTERLY MEETINGS. BECAUSE OF THE  
21 FACT THAT THERE'S BEEN SO MUCH GOING ON, SO MANY  
22 THINGS THAT NEEDED TO BE DISCUSSED, WE'VE HAD AT  
23 LEAST A MEETING A MONTH SINCE DECEMBER AND SOME  
24 MONTHS TWO. THAT WILL BE RETURNING TO NORMAL MORE  
25 AS WE GET INTO THE SECOND HALF OF THE YEAR, BUT IT

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1 HAS BEEN A VERY BUSY TIME, TO SAY THE LEAST. AND  
2 THE TEAM HAS ACCOMPLISHED A HUGE AMOUNT AND WANT TO  
3 GIVE VERY SIGNIFICANT CONGRATULATIONS TO DR. MILLAN  
4 AND ALL OF THE TEAM FOR BEING ABLE TO MOBILIZE AND  
5 PUT TOGETHER ALL OF THE DISCUSSIONS, THE PROGRAMS,  
6 THE WORKSHOPS, THE REVIEWS, ET CETERA, IN A VERY  
7 CONDENSED FASHION, ALL OF WHICH HAS LEFT US IN A  
8 VERY GOOD SPOT GOING FORWARD.

9 JUST VERY BRIEFLY, COMING UP WE'RE GOING  
10 TO SEE -- THE BOARD WILL BE HEARING MORE ABOUT OUR  
11 ONGOING REFINEMENTS TO THE DEI POLICY THAT WILL BE  
12 THE SUBJECT FOR GWG CONSIDERATION, AS I MENTIONED,  
13 STARTING WITH HOW THAT WILL BE ADDITIONALLY FACTORED  
14 IN ON THE CLIN AWARDS ULTIMATELY THE TRAN AND DISC.

15 IN THE OCTOBER MEETING, WHICH IS OUR NEXT  
16 REGULARLY SCHEDULED MEETING, WE'RE GOING TO BE  
17 HAVING A CONCEPT PROPOSAL FOR IMPROVEMENTS IN THE  
18 DISCOVERY PROGRAM AS WELL AS A NEW UNDERGRADUATE  
19 EDUCATION PROGRAM INITIATIVE WHICH SHOUT-OUT TO DR.  
20 GOLDSTEIN FOR HIS RECOMMENDING THAT AS AN ADDITION  
21 TO OUR EDUCATIONAL PROGRAMS THAT WE ALREADY HAVE IN  
22 PLACE.

23 THE BOARD IS GOING TO BE WELCOMED TO A  
24 STAKEHOLDERS TOWN HALL WHICH IS GOING TO -- I'M SURE  
25 DR. MILLAN WILL BE TALKING ABOUT -- WHICH IS GOING

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1 TO TAKE PLACE AT THE END OF THIS MONTH ON THE 29TH  
2 AS WELL AS ROUNDTABLES ON NEUROLOGICAL, GENOMICS,  
3 AND DATA SHARING ISSUES LATER IN THE YEAR.

4 THE DRAFT STRATEGIC PLAN IS GOING TO BE  
5 BROUGHT TO THE BOARD FOR CONSIDERATION AT THE  
6 OCTOBER BOARD MEETING, AND THE FINAL STRATEGIC PLAN,  
7 BASED ON THAT AND THE REVISED BUDGET, WILL BE  
8 BROUGHT TO THE BOARD IN DECEMBER OF THIS YEAR, WHICH  
9 WILL BE OUR LAST REGULARLY SCHEDULED EVENT FOR 2021.

10 SO THAT GIVES YOU A FEEL FOR WHERE WE'VE  
11 COME, WHERE WE ARE, AND WHERE WE'RE GOING. AND WITH  
12 THAT, I WILL NOW MOVE ON TO A PORTION OF THE MEETING  
13 THAT IS ALWAYS A BITTERSWEET ONE BECAUSE IT HAS TO  
14 DO WITH THANKING OUR BOARD MEMBERS WHO HAVE SERVED  
15 FOR MANY YEARS THAT WERE TERMED OUT AND HAVE HAD TO  
16 STEP DOWN. AND WHEN WE DO THAT, WE ALWAYS HAVE  
17 RESOLUTIONS THAT WE READ. AND FOR THOSE OF THE  
18 HONOREES, IF YOU WILL, THAT ARE IN ATTENDANCE HERE  
19 WILL HAVE SOME COMMENTS MADE ON THEIR BEHALF AND  
20 THEN ASK THEM TO MAKE SOME COMMENTS.

21 SO OUR FIRST WE HAVE -- I BELIEVE  
22 FRANCISCO AND JEFF ARE BOTH ON THE CALL HERE. OUR  
23 OTHER THREE ARE NOT, BUT I WILL NONETHELESS READ  
24 THEIR BIOS BECAUSE THESE ARE PEOPLE WHO HAVE ALL  
25 BEEN INVOLVED FOR MANY YEARS WITH THE BOARD, AND I

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1 THINK IT'S IMPORTANT, PARTICULARLY FOR THE NEW  
2 MEMBERS WHO MAY NOT BE FAMILIAR WITH THESE VERY  
3 IMPORTANT BOARD MEMBERS, YOU HEAR ABOUT THEM AND  
4 THEIR CONTRIBUTIONS.

5 SO OUR FIRST IS DR. DAVID BRENNER, WHO  
6 JOINED THE BOARD IN 2007. AND IF YOU WILL JUST  
7 INDULGE ME, EACH OF THESE HAS A NUMBER OF WHEREASES,  
8 BUT I DO WANT TO READ THEM AS THEY ARE VERY  
9 IMPORTANT.

10 WHEREAS, DAVID BRENNER EARNED HIS BACHELOR  
11 OF SCIENCE DEGREE IN BIOLOGY FROM YALE COLLEGE, AND  
12 A DOCTORATE IN MEDICINE FROM YALE MEDICAL SCHOOL;

13 WHEREAS, DR. BRENNER CONDUCTED HIS  
14 RESIDENCY AT YALE-NEW HAVEN MEDICAL CENTER IN  
15 INTERNAL MEDICINE FROM 1979 TO 1982;

16 WHEREAS, DR. BRENNER SERVED AS A RESEARCH  
17 ASSOCIATE IN THE GENETICS AND BIOCHEMISTRY BRANCH OF  
18 THE NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND  
19 KIDNEY DISEASES AT THE NIH FROM 1982 TO 1985;

20 WHEREAS, DR. BRENNER SERVED AS A  
21 GASTROENTEROLOGY FELLOW AT THE UNIVERSITY OF  
22 CALIFORNIA, SAN DIEGO, FROM 1985 TO 1986;

23 WHEREAS, DR. BRENNER SERVED AS AN  
24 ASSISTANT PROFESSOR OF MEDICINE IN RESIDENCE AT THE  
25 UNIVERSITY OF CALIFORNIA, SAN DIEGO, FROM 1986 TO

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1 1990, AND THEN AS AN ASSOCIATE PROFESSOR FROM 1990  
2 TO 1992;

3 WHEREAS, DR. BRENNER SERVED IN SEVERAL  
4 CAPACITIES AT THE VETERAN'S ADMINISTRATION MEDICAL  
5 CENTER IN SAN DIEGO, CALIFORNIA, INCLUDING STAFF  
6 PHYSICIAN, ACTING ASSISTANT CHIEF OF MEDICINE, AND A  
7 CLINICAL INVESTIGATOR FROM 1987 TO 1992;

8 WHEREAS, DR. BRENNER SERVED AS A PROFESSOR  
9 OF MEDICINE AND BIOCHEMISTRY AND BIOPHYSICS AT THE  
10 UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL FROM  
11 1993 TO 2003;

12 WHEREAS, DR. BRENNER IS A PREEMINENT  
13 SCHOLAR IN THE FIELD OF GASTROENTEROLOGY, DR.  
14 BRENNER SERVED AS THE EDITOR IN CHIEF OF  
15 *GASTROENTEROLOGY*, THE PERIODICAL, FROM 2001 TO 2006;

16 WHEREAS, DR. BRENNER SERVED AS THE SAMUEL  
17 BARD PROFESSOR AND CHAIRMAN OF THE DEPARTMENT OF  
18 MEDICINE AT COLUMBIA UNIVERSITY FROM 2003 TO 2007;

19 WHEREAS, BEGINNING IN 2007 DR. BRENNER  
20 BEGAN HIS TENURE AS THE VICE CHANCELLOR FOR HEALTH  
21 SERVICES AND DEAN AT THE UNIVERSITY OF CALIFORNIA,  
22 SAN DIEGO SCHOOL OF MEDICINE AND DISTINGUISHED  
23 PROFESSOR OF MEDICINE. IN THIS CAPACITY, HE LEADS  
24 THE UC SAN DIEGO SCHOOL OF MEDICINE, THE SKAGGS  
25 SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES AT

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1 UNIVERSITY OF CALIFORNIA, SAN DIEGO, AND UC SAN  
2 DIEGO HEALTH;

3 WHEREAS, BEGINNING IN 2007 DR. BRENNER  
4 BEGAN HIS EXEMPLARY SERVICE ON THE ICOC;

5 WHEREAS, DR. BRENNER, THROUGH HIS  
6 EXPERIENCE, COMMITMENT, KNOWLEDGE, AND LEADERSHIP,  
7 CONTRIBUTED GREATLY TO THE MOMENTUM OF DISCOVERY AND  
8 THE FUTURE THERAPIES WHICH WILL BE THE ULTIMATE  
9 OUTCOME OF THE DEDICATED WORK OF THE RESEARCHERS  
10 RECEIVING CIRM FUNDING,

11 BE IT RESOLVED, THAT THE GOVERNING BOARD  
12 OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE  
13 MEDICINE, ON BEHALF OF THE PEOPLE OF THE STATE OF  
14 CALIFORNIA, WISHES TO EXPRESS ITS DEEPEST GRATITUDE  
15 TO DR. DAVID BRENNER FOR HIS SERVICE ON CIRM'S  
16 GOVERNING BOARD AND FOR HIS DEDICATION TO THE  
17 ADVANCEMENT OF STEM CELL RESEARCH AND TO THE MISSION  
18 OF CIRM TO ACCELERATE STEM CELL TREATMENTS TO  
19 PATIENTS WITH UNMET MEDICAL NEEDS.

20 THAT IS THE RESOLUTION TO DR. BRENNER. BY  
21 THE WAY, ALL OF THESE ARE GOING TO BE VOTED ON BY  
22 THE BOARD, THIS IS AN ACTION ITEM, AND WILL BE  
23 FRAMED AND PROVIDED TO EACH OF OUR MEMBERS.

24 NEXT WE HAVE FRANCISCO PRIETO. FRANCISCO,  
25 BEAR WITH ME AS WE RECITE ALL OF YOUR MANY

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1 ACCOMPLISHMENTS.

2 WHEREAS, FRANCISCO PRIETO RECEIVED HIS  
3 BACHELOR OF SCIENCE MAJORING IN BIOLOGY AND HISTORY  
4 FROM THE UNIVERSITY OF ILLINOIS-CHICAGO;

5 WHEREAS, DR. PRIETO RECEIVED HIS  
6 DOCTORATE IN MEDICINE FROM THE UNIVERSITY OF  
7 MINNESOTA, MINNEAPOLIS;

8 WHEREAS, DR. PRIETO COMPLETED A  
9 RESIDENCY IN FAMILY MEDICINE AT THE UNIVERSITY OF  
10 ARIZONA;

11 WHEREAS, DR. PRIETO SERVED AS THE  
12 ASSOCIATE CLINICAL PROFESSOR AT THE UNIVERSITY OF  
13 ARIZONA;

14 WHEREAS, DR. PRIETO SERVED FOR THREE  
15 YEARS IN THE NATIONAL HEALTH SERVICE CORPS;

16 WHEREAS, DR. PRIETO HAS SERVED AS A  
17 FAMILY MEDICINE PHYSICIAN IN SACRAMENTO SINCE  
18 1986;

19 WHEREAS, DR. PRIETO HAS SERVED AS AN  
20 ASSOCIATE CLINICAL PROFESSOR AT THE UNIVERSITY OF  
21 CALIFORNIA, DAVIS, DEPARTMENT OF FAMILY PRACTICE  
22 SINCE 1986;

23 WHEREAS, DR. PRIETO HAS SERVED AS A  
24 FAMILY MEDICINE PHYSICIAN WITH SUTTER MEDICAL  
25 GROUP IN ELK GROVE SINCE 1997;

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1           WHEREAS, DR. PRIETO IS A DIABETES  
2 RESEARCH EXPERT SERVING AT THE SUTTER INSTITUTE  
3 FOR MEDICAL RESEARCH;

4           WHEREAS, DR. PRIETO HAS BEEN A PATIENT  
5 ADVOCATE FOR DIABETES CARE AND EDUCATION;

6           WHEREAS, DR. PRIETO IS THE FORMER  
7 PRESIDENT OF THE SACRAMENTO SIERRA CHAPTER OF  
8 THE AMERICAN DIABETES ASSOCIATION;

9           WHEREAS, DR. PRIETO CHAIRED THE AMERICAN  
10 DIABETES ASSOCIATION'S PROFESSIONAL EDUCATION  
11 COMMITTEE AND COMMITTEE FOR "TOUR DE CURE," THE  
12 AMERICAN DIABETES ASSOCIATION'S ANNUAL BICYCLING  
13 EVENT;

14           WHEREAS, DR. PRIETO IS A MEMBER OF  
15 THE AMERICAN DIABETES ASSOCIATION'S NATIONAL  
16 ADVOCACY COMMITTEE AND THE LATINO DIABETES ACTION  
17 COUNCIL;

18           WHEREAS, DR. PRIETO WAS A FOUNDING  
19 DIRECTOR OF CIRM, HELPING ESTABLISH THE AGENCY'S  
20 FOUNDATIONAL PROCEDURES AND POLICIES;

21           WHEREAS, DR. PRIETO HAS SERVED IN  
22 NUMEROUS LEADERSHIP ROLES WHILE ON CIRM'S  
23 GOVERNING BOARD, INCLUDING AS CHAIR OF THE  
24 EVALUATION SUBCOMMITTEE; AND

25           WHEREAS, DR. PRIETO, THROUGH HIS

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1 EXPERIENCE, COMMITMENT, KNOWLEDGE, AND LEADERSHIP,  
2 CONTRIBUTED GREATLY TO THE MOMENTUM OF DISCOVERY  
3 AND THE FUTURE THERAPIES WHICH WILL BE THE ULTIMATE  
4 OUTCOME OF THE DEDICATED WORK OF THE RESEARCHERS  
5 RECEIVING CIRM FUNDING.

6 BE IT RESOLVED, THAT THE GOVERNING BOARD  
7 OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE  
8 MEDICINE, ON BEHALF OF THE PEOPLE OF THE STATE OF  
9 CALIFORNIA, WISHES TO EXPRESS ITS DEEPEST  
10 GRATITUDE TO DR. FRANCISCO PRIETO FOR HIS SERVICE ON  
11 CIRM'S GOVERNING BOARD AND FOR HIS DEDICATION TO THE  
12 ADVANCEMENT OF STEM CELL RESEARCH AND TO THE MISSION  
13 OF CIRM TO ACCELERATE STEM CELL TREATMENTS TO  
14 PATIENTS WITH UNMET MEDICAL NEEDS.

15 FRANCISCO, I BELIEVE AL ROWLETT HAS SOME  
16 COMMENTS HE WOULD LIKE TO MAKE ON YOUR BEHALF, AND  
17 THEN PLEASE, IF YOU WOULD, PLEASE SAY A FEW COMMENTS  
18 YOURSELF, THAT WOULD BE GREAT. AL.

19 MR. ROWLETT: THANK YOU, J.T. HELLO,  
20 FRANCISCO. FRANCISCO, AT GREAT COST AND POTENTIAL  
21 EMBARRASSMENT TO ME, I'M GOING TO GIVE YOU A QUIZ.  
22 SO ARE YOU READY? HUFFY, CANONDALE, OR BIANCHI,  
23 WHICH DO YOU PICK?

24 DR. PRIETO: BIANCHI.

25 MR. ROWLETT: ABSOLUTELY RIGHT. WHAT

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1 MEMBERS OF THE BOARD MAY NOT KNOW IS THAT FRANCISCO  
2 PRIETO IS ALSO AN AVID BIKER.

3 I MET FRANCISCO PRIETO EARLY ON IN MY  
4 CAREER AS A MEMBER OF THE ICOC. WE WERE COMMUTING  
5 BACK AND FORTH FROM SACRAMENTO TO THE BOARD  
6 MEETINGS, AND I HAD THE UNIQUE PRIVILEGE OF GETTING  
7 TO KNOW HIM. AND TO KNOW HIM IS TO APPRECIATE AND  
8 UNDERSTAND HIS PASSION FOR THE COMMUNITY THAT HE  
9 REPRESENTS.

10 FRANCISCO IS THE CONSUMMATE ADVOCATE FOR  
11 THE UNDERSERVED AND THE UNSERVED. HE IS A PERSON  
12 WITH INTEGRITY, A PERSON WITH A HIGH STANDARD, AND  
13 AN INDIVIDUAL WHO UNDERSTANDS THE IMPORTANCE OF  
14 MAKING SURE THAT BOARD MEMBERS GET THEIR PROPER  
15 ORIENTATION AND ON-BOARDING, WHICH HE HELPED AFFORD  
16 ME.

17 WITHOUT HIS ADVOCACY AND SUPPORT EARLY ON  
18 AND ALSO THE ADVOCACY AND SUPPORT OF OTHER PATIENT  
19 ADVOCATES, BUT PARTICULARLY DURING THOSE RIDES UP TO  
20 THE BOARD MEETINGS, FRANCISCO PROVIDED ME WITH A  
21 UNIQUE PERSPECTIVE ON WHAT IT MEANT TO ADVOCATE AS A  
22 MEMBER OF THE ICOC. HE WAS TRANSPARENT, HE WORKED  
23 WITH INTEGRITY, AND HE WAS ALWAYS, ALWAYS, ALWAYS,  
24 ALWAYS WILLING TO PROVIDE ME WITH SOME ADVICE ON  
25 WHAT BICYCLE I SHOULD RIDE.

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1           THANK YOU, FRANCISCO, FOR HELPING ME RIDE  
2           THE ICOC PATIENT ADVOCATE BICYCLE, AND I COMMIT TO  
3           YOU THAT I WILL CONTINUE TO SUPPORT AND REPRESENT  
4           THE UNSERVED AND UNDERSERVED MEMBERS OF THE STATE OF  
5           CALIFORNIA WHO WOULD BE -- WHO WILL BENEFIT FROM THE  
6           ADVOCACY AND THE CURES THAT COME OUT OF OUR  
7           ORGANIZATION. THANK YOU VERY MUCH, FRANCISCO.

8           CHAIRMAN THOMAS: THANK YOU, AL, ON BEHALF  
9           OF THE BOARD. FRANCISCO, WOULD YOU PLEASE SAY A FEW  
10          WORDS.

11          MR. TORRES: I HAD MY HAND UP.

12          CHAIRMAN THOMAS: I COULDN'T SEE THAT,  
13          ART. ART, PLEASE.

14          MR. TORRES: OH, THANK YOU. I JUST WANT  
15          TO SAY THAT FRANCISCO NEVER RECOMMENDED A BICYCLE.  
16          HE JUST TOOK ALL MY MONEY FOR EVERY DIABETES BIKE  
17          RIDE, WHICH I WAS MORE THAN WILLING TO GIVE IN TERMS  
18          OF HIS CHARITY AND IN TERMS OF HIS COMMITMENT. BUT  
19          HE'S WELL-KNOWN IN SACRAMENTO, AND HIS LEADERSHIP IS  
20          WELL-KNOWN AND ALSO HIS ADVOCACY FOR DIABETES AND  
21          DIABETES PATIENTS.

22          HE COMES FROM A LONG HISTORY OF MEDICINE  
23          STEMMING FROM CHICAGO ALL THE WAY TO CALIFORNIA. SO  
24          HIS FAMILY HAS ALWAYS BEEN VERY MUCH INVOLVED IN  
25          MEDICAL CARE AND CLEARLY IN TERMS OF LOOKING AFTER

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1 PATIENTS; BUT MORE THAN THAT, HE IS JUST A STAND-UP  
2 PERSON WHO WILL ALWAYS BE THERE WHEN YOU NEED HIS  
3 ADVICE OR HIS HELP WITHOUT QUESTION. SO CONTINUED  
4 GREAT DIABETES BICYCLE RIDES, AND I LOOK FORWARD TO  
5 SEEING YOU SOON.

6 CHAIRMAN THOMAS: THANK YOU, ART.  
7 FRANCISCO.

8 DR. PRIETO: THANK YOU. AND THANK YOU, AL  
9 AND ART. AL, I HAVEN'T REALLY PREPARED ANYTHING. I  
10 DIDN'T REALIZE YOU WERE GOING TO ASK US TO SAY  
11 ANYTHING. BUT, AL, I DO WANT TO SAY RIGHT BACK AT  
12 YOU. AND I REALLY APPRECIATE AT THE TIME YOU JOINED  
13 THE ICOC WE WERE GOING THROUGH A PARTICULARLY  
14 DIFFICULT ISSUE THAT I'M SURE YOU RECALL, AND YOU  
15 REALLY CUT THROUGH THE CLUTTER AND ALL THE SORT OF  
16 NOT QUITE CENTRAL ISSUES TO THE KEY THAT WE HAD TO  
17 DEAL WITH. AND THAT HELPED US COME TO A SUCCESSFUL  
18 RESOLUTION OF WHAT COULD HAVE BEEN A MUCH MORE  
19 SERIOUS PROBLEM.

20 SO I AM ETERNALLY GRATEFUL TO YOU FOR  
21 THAT, AND I'M GRATEFUL TO CIRM FOR THIS OPPORTUNITY  
22 BECAUSE THIS HAS REALLY BEEN ONE OF THE MOST  
23 EXCITING EPISODES OF MY LIFE, AN OPPORTUNITY TO NOT  
24 JUST ADVOCATE FOR PATIENTS, BUT FOR SCIENCE AND TO  
25 HOPEFULLY PUSH THE BALL FORWARD AND IMPROVE THE KIND

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1 OF TREATMENTS THAT OUR PATIENTS WILL SEE IN THE  
2 FUTURE.

3 I SOMETIMES TELL MY COLLEAGUES THAT THIS  
4 HAS GIVEN ME A GLIMPSE INTO HOW DIFFERENT MEDICINE  
5 WILL BE IN ANOTHER GENERATION OR TWO AND THAT IT  
6 WILL MAKE WHAT WE DO EVERY DAY KIND OF LOOK LIKE  
7 BLOODING LETTING AND LEECHES, ALTHOUGH LEECHES STILL  
8 HAVE THEIR PLACE. BUT I WANT TO THANK YOU ALL FOR  
9 THAT, AND IT'S BEEN A GREAT RIDE. THANKS.

10 CHAIRMAN THOMAS: THANK YOU VERY MUCH,  
11 FRANCISCO. WE ECHO EVERYTHING THAT HAS BEEN SAID.  
12 AS YOU ARE ONE OF THE FOUNDING BOARD MEMBERS WHO HAS  
13 BEEN HERE SINCE THE VERY BEGINNING, YOUR ROLE HAS  
14 BEEN UTTERLY INSTRUMENTAL IN GUIDING THE AGENCY AS  
15 IT HAS PROGRESSED TO WHERE IT IS TODAY. SO ON  
16 BEHALF OF THE BOARD, THANK YOU VERY MUCH.

17 OKAY. WE'RE GOING TO GO ON TO OUR THIRD  
18 RESOLUTION, WHICH IS FOR DR. ROBERT QUINT, WHO IS  
19 NOT ON THE CALL TODAY, I DON'T BELIEVE, BUT I WILL,  
20 AS BEFORE, READ HIS RESOLUTION SO EVERYBODY CAN  
21 APPRECIATE HIS CONTRIBUTIONS AS WELL.

22 WHEREAS, DR. ROBERT QUINT RECEIVED HIS  
23 BACHELOR OF SCIENCE MAJORING IN BIOLOGY FROM THE  
24 UNIVERSITY OF NOTRE DAME;

25 WHEREAS, DR. QUINT RECEIVED HIS DOCTORATE

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1 IN MEDICINE FROM OHIO STATE UNIVERSITY SCHOOL OF  
2 MEDICINE;

3 WHEREAS, DR. QUINT COMPLETED HIS  
4 INTERNSHIP AND RESIDENCY AT THE UNIVERSITY OF TEXAS  
5 MEDICAL BRANCH, JOHN SEALY HOSPITAL;

6 WHEREAS, DR. QUINT COMPLETED TWO  
7 FELLOWSHIPS IN INTERNAL MEDICINE AND INVASIVE  
8 CARDIOLOGY AT THE CLEVELAND CLINIC IN CLEVELAND,  
9 OHIO;

10 WHEREAS, DR. QUINT BEGAN HIS HISTORY OF  
11 PUBLIC SERVICE IN THE MILITARY, WORKING AS A  
12 CARDIOLOGIST AND INTERNIST AT THE VALLEY FORGE  
13 HOSPITAL IN PHOENIXVILLE, PENNSYLVANIA;

14 WHEREAS, DR. QUINT SERVED AS A MEMBER OF  
15 THE U.S. ARMY MEDICAL CORPS AS AN INTERNIST AND  
16 CARDIOLOGIST AT THE 8TH FIELD HOSPITAL IN NHA TRANG,  
17 VIETNAM;

18 WHEREAS, DR. QUINT HAS SPECIALIZED IN  
19 CARDIOLOGY SINCE 1971;

20 WHEREAS, DR. QUINT HAS WRITTEN ARTICLES  
21 FOR SUCH PUBLICATIONS AS THE *AMERICAN JOURNAL OF*  
22 *CARDIOLOGY* AND THE *JOURNAL OF THORACIC*  
23 *CARDIOVASCULAR SURGERY*;

24 WHEREAS, FOR FOURTEEN YEARS, DR. QUINT  
25 SERVED AS A CLINICAL INSTRUCTOR ON THE VOLUNTARY

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1 CLINICAL FACULTY AT THE STANFORD UNIVERSITY SCHOOL  
2 OF MEDICINE;

3 WHEREAS, DR. QUINT HAS PRESENTED AND  
4 LECTURED ON MEDICINE IN IRAN, SRI LANKA, AND JAPAN;

5 WHEREAS, DR. QUINT HOLDS A STAFF  
6 APPOINTMENT AT THE O'CONNOR HOSPITAL IN SAN JOSE;

7 WHEREAS, OVER DR. QUINT'S 25-YEAR TENURE  
8 AT O'CONNOR HOSPITAL, HE HAS BEEN DIRECTOR OF THE  
9 DEPARTMENT OF CARDIOLOGY AND VASCULAR SERVICES AND A  
10 MEMBER OF THE CARDIOVASCULAR QUALITY ASSURANCE  
11 COMMITTEE;

12 WHEREAS, DR. QUINT IS A CHARTER MEMBER AND  
13 FOUNDING FELLOW OF THE SOCIETY FOR CARDIAC  
14 ANGIOGRAPHY AND INTERVENTIONS, WHICH IS THE SCAI,  
15 AND THE SCAI'S CREDENTIALS COMMITTEE;

16 WHEREAS, DR. QUINT SERVES ON THE AMERICAN  
17 HEART ASSOCIATION'S SCIENTIFIC COUNCIL AND THE  
18 ASSOCIATIONS'S COUNCIL ON ATHEROSCLEROSIS;

19 WHEREAS, DR. QUINT SERVES AS A MEMBER OF  
20 THE MEDICAL ADVISORY BOARD OF THE SCIMED  
21 LIFESYSTEMS, INC., THE UNITED STATES CONGRESSIONAL  
22 ADVISORY BOARD, AND THE AMERICAN PROFESSIONAL  
23 PRACTICE ASSOCIATION;

24 WHEREAS, BEGINNING IN 2008, DR. QUINT  
25 SERVED AS A DIRECTOR AT CIRM, HELPING ESTABLISH

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1 CRUCIAL AGENCY PROCEDURES AND POLICIES AND  
2 ADVOCATING FOR PATIENTS SUFFERING FROM HEART  
3 DISEASE; AND

4 WHEREAS, DR. QUINT, THROUGH HIS  
5 EXPERIENCE, COMMITMENT, KNOWLEDGE, AND LEADERSHIP,  
6 CONTRIBUTED GREATLY TO THE MOMENTUM OF DISCOVERY AND  
7 THE FUTURE THERAPIES WHICH WILL BE THE ULTIMATE  
8 OUTCOME OF THE DEDICATED WORK OF THE RESEARCHERS  
9 RECEIVING CIRM FUNDING.

10 BE IT RESOLVED, THAT THE GOVERNING BOARD  
11 OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE  
12 MEDICINE, ON BEHALF OF THE PEOPLE OF THE STATE OF  
13 CALIFORNIA, WISHES TO EXPRESS ITS DEEPEST GRATITUDE  
14 TO DR. ROBERT QUINT FOR HIS SERVICE ON CIRM'S  
15 GOVERNING BOARD AND FOR HIS DEDICATION TO THE  
16 ADVANCEMENT OF STEM CELL RESEARCH AND TO THE MISSION  
17 OF CIRM TO ACCELERATE STEM CELL TREATMENTS TO  
18 PATIENTS WITH UNMET MEDICAL NEEDS.

19 DR. QUINT.

20 NEXT WE GO TO JEFF SHEEHY, WHO, AS ALL OF  
21 YOU KNOW, ALONG WITH FRANCISCO, WAS AS WELL ONE OF  
22 OUR FOUNDING BOARD MEMBERS AND LONG-STANDING PATIENT  
23 ADVOCATES.

24 WHEREAS, JEFF SHEEHY EARNED HIS BACHELOR  
25 OF ARTS DEGREE IN HISTORY FROM THE UNIVERSITY OF

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1 TEXAS AT AUSTIN;

2 WHEREAS, MR. SHEEHY SERVED AS A VICTIMS  
3 RIGHTS ADVOCATE IN THE SAN FRANCISCO DISTRICT  
4 ATTORNEY'S OFFICE FROM 1998 TO 2000;

5 WHEREAS, MR. SHEEHY SERVED AS AN HIV/AIDS  
6 POLICY ADVISOR TO THEN SAN FRANCISCO MAYOR GAVIN  
7 NEWSOM FROM 2004 TO 2006;

8 WHEREAS, MR. SHEEHY SERVED AS  
9 COMMUNICATIONS DIRECTOR FOR THE UCSF AIDS INSTITUTE,  
10 WHERE HE LED MEDIA RELATIONS FOR HUNDREDS OF AIDS  
11 RESEARCH INSTITUTE SCIENTISTS AND INTERPRETED AND  
12 DISSEMINATED CRUCIAL RESEARCH FINDINGS;

13 WHEREAS, MR. SHEEHY'S ADVOCACY ON BEHALF  
14 OF PATIENTS WITH HIV/AIDS SPANS OVER TWO DECADES,  
15 DURING WHICH TIME HE ADVANCED POLICIES AND  
16 LEGISLATION THAT VASTLY IMPROVED THE QUALITY OF LIFE  
17 FOR THOUSANDS OF INDIVIDUALS LIVING WITH HIV/AIDS;

18 WHEREAS, IN RECOGNITION OF HIS HIV/AIDS  
19 ADVOCACY, MR. SHEEHY HAS RECEIVED NUMEROUS AWARDS,  
20 INCLUDING THE HUMAN RIGHTS CAMPAIGN'S LEADERSHIP  
21 AWARD, THE CAPED CRUSADER AWARD FROM EQUALITY  
22 CALIFORNIA, THE TOMAS FABREGAS AIDS HERO AWARD, AND  
23 THE UCSF CHANCELLOR'S AWARD FOR PUBLIC SERVICE;

24 WHEREAS, MR. SHEEHY IS A CRUSADER FOR THE  
25 LGBTQ EQUALITY, SERVING AS THE PRESIDENT OF THE

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1 HARVEY MILK LGBT DEMOCRATIC CLUB AND A KEY MEMBER OF  
2 ACT UP/SAN FRANCISCO;

3 WHEREAS, MR. SHEEHY WAS A CRUCIAL ADVOCATE  
4 IN SAN FRANCISCO'S LANDMARK EQUAL BENEFITS  
5 ORDINANCE, A LAW THAT ADVANCED LGBT PROTECTIONS IN  
6 THE CITY AND COUNTY OF SAN FRANCISCO;

7 WHEREAS, MR. SHEEHY WAS APPOINTED TO THE  
8 SAN FRANCISCO BOARD OF SUPERVISORS BY MAYOR ED LEE  
9 IN 2017;

10 WHEREAS, AS SUPERVISOR, MR. SHEEHY MADE  
11 HISTORY BY SERVING AS THE FIRST OPENLY HIV-POSITIVE  
12 SUPERVISOR IN SAN FRANCISCO;

13 WHEREAS, MR. SHEEHY WAS A FOUNDING  
14 DIRECTOR OF CIRM, ESTABLISHING THE AGENCY'S  
15 FOUNDATIONAL PROCEDURES AND POLICIES;

16 WHEREAS, MR. SHEEHY SERVED AS CHAIR OF THE  
17 ICOC'S SCIENCE SUBCOMMITTEE, VICE CHAIR OF THE  
18 GRANTS WORKING GROUP, A MEMBER OF THE SCIENTIFIC AND  
19 MEDICAL ACCOUNTABILITY STANDARDS WORKING COMMITTEE,  
20 A MEMBER OF THE SCIENTIFIC AND MEDICAL FACILITIES  
21 WORKING GROUPS, A MEMBER OF THE INDUSTRY ENGAGEMENT  
22 AND INTELLECTUAL PROPERTY SUBCOMMITTEE, A MEMBER OF  
23 THE GOVERNANCE SUBCOMMITTEE, A MEMBER OF THE  
24 LEGISLATIVE SUBCOMMITTEE, A MEMBER OF THE EVALUATION  
25 SUBCOMMITTEE, AND A MEMBER OF THE FINANCE

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1 SUBCOMMITTEE;

2 WHEREAS, MR. SHEEHY PLAYED A CRUCIAL ROLE  
3 DEVELOPING CIRM'S INTELLECTUAL PROPERTY REGULATIONS  
4 AND ETHICAL STANDARDS; AND

5 WHEREAS, MR. SHEEHY, THROUGH HIS  
6 EXPERIENCE, COMMITMENT, KNOWLEDGE, AND LEADERSHIP,  
7 CONTRIBUTED GREATLY TO THE MOMENTUM OF DISCOVERY AND  
8 THE FUTURE THERAPIES WHICH WILL BE THE ULTIMATE  
9 OUTCOME OF THE DEDICATED WORK OF THE RESEARCHERS  
10 RECEIVING CIRM FUNDING.

11 BE IT RESOLVED, THAT THE GOVERNING BOARD  
12 OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE  
13 MEDICINE, ON BEHALF OF THE PEOPLE OF THE STATE OF  
14 CALIFORNIA, WISHES TO EXPRESS ITS DEEPEST GRATITUDE  
15 TO JEFF SHEEHY FOR HIS SERVICE ON CIRM'S GOVERNING  
16 BOARD AND FOR HIS DEDICATION TO THE ADVANCEMENT OF  
17 STEM CELL RESEARCH AND TO THE MISSION OF CIRM TO  
18 ACCELERATE STEM CELL TREATMENTS TO PATIENTS WITH  
19 UNMET MEDICAL NEEDS.

20 I BELIEVE IT'S QUITE A LIST AS ARE ALL OF  
21 THESE. I BELIEVE, OS, YOU HAVE SOME COMMENTS ON  
22 JEFF'S BEHALF.

23 DR. STEWARD: YEAH. SO, JEFF, WOW.  
24 HONESTLY, I JUST HAVE TO SAY TO BOTH AND JEFF AND  
25 FRANCISCO, WHAT A RIDE. IT'S BEEN JUST INCREDIBLE

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1 SERVING WITH BOTH OF YOU.

2 JEFF, I'M SUPPOSED -- I'M THE DESIGNATED  
3 COMMENTER FOR YOU, BUT I JUST WANTED TO SAY THAT YOU  
4 ARE BOTH -- I JUST LOVE YOU BOTH. YOU'RE SUCH  
5 WONDERFUL PEOPLE AND YOU'VE DONE SUCH AN INCREDIBLE  
6 AMOUNT OF WORK FOR CIRM. SO THANK YOU. IT'S BEEN  
7 AN HONOR TO SERVE WITH BOTH OF YOU.

8 JEFF, I'M GOING TO CONCENTRATE ON YOU. I  
9 DON'T THINK THERE'S ANYBODY ON CIRM WHO HAS  
10 DEDICATED MORE TIME, WHO HAS BEEN INVOLVED IN MORE  
11 THINGS, WHO HAS SERVED WITH SUCH AN INCREDIBLE,  
12 THOUGHTFUL, ACTIVE ROLE IN EVERYTHING THAT'S GONE  
13 ON.

14 YOU WERE THE ONE WHO ALWAYS, ALWAYS,  
15 ALWAYS STANDS UP FOR THE RIGHT THING, DOING THINGS  
16 NOT ONLY FOR THE PATIENTS, THE PATIENTS ARE ALWAYS  
17 FIRST, BUT ALSO IN TERMS OF THE SCIENCE. THE  
18 SCIENCE IS OUR GUIDING FORCE, BUT THIRD YOU ARE THE  
19 PERSON WHO REALLY INVARIABLY STOOD UP AND SAID,  
20 "WAIT A MINUTE. WE ARE A STATE AGENCY. WE ARE A  
21 GOVERNING BOARD THAT IS RESPONSIBLE FOR SPENDING THE  
22 MONEY OF THE CITIZENS OF THE STATE OF CALIFORNIA WHO  
23 HAVE ENTRUSTED THOSE FUNDS TO US," AND YOU ALWAYS  
24 EXPRESSED SUCH AN HONORABLE RESPONSIBILITY TO THAT  
25 ROLE, MAKING SURE THAT WE WERE ALWAYS PAYING

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1 ATTENTION TO THE FACT THAT WE ARE BASICALLY IN  
2 SERVICE OF THE CITIZENS OF OUR STATE.

3 I'VE LEARNED A LOT FROM YOU IN A TERMS OF  
4 BOTH THE THOUGHTFULNESS OF WHICH YOU DEDICATE YOUR  
5 LIFE TO PROMOTING A CAUSE, AN INCREDIBLY IMPORTANT  
6 CAUSE, AND YOUR THOUGHTFULNESS IN ESSENTIALLY ALL  
7 REGARDS. AGAIN, IT'S BEEN JUST A HUGE PLEASURE  
8 SERVING WITH YOU. I'M THE LAST ONE, THE LAST ONE  
9 STANDING OF THE ORIGINAL PATIENT ADVOCATES, AND I  
10 WILL SOON BE RIDING OFF INTO THE SUNSET WITH ALL OF  
11 YOU ACTUALLY, I SUSPECT, VERY SOON. SO THANK YOU.  
12 THANK YOU, JEFF. THANK YOU, FRANCISCO. AND WOW.  
13 AGAIN, ALL I CAN SAY IS WHAT A RIDE AND WHAT A  
14 PLEASURE TO WORK WITH BOTH OF YOU. THANK YOU.

15 CHAIRMAN THOMAS: THANK YOU, OS. JEFF,  
16 COULD YOU GIVE A FEW COMMENTS PLEASE. SORRY. AL  
17 HIS HAND UP. BEFORE JEFF, AL, PLEASE.

18 MR. ROWLETT: JEFF, I WANTED TO  
19 ACKNOWLEDGE THAT YOU ARE THE CONSUMMATE PROTAGONIST.  
20 YOU ARE THE IDEAL ADVOCATE AND PROVIDED ME WITH A  
21 PERSPECTIVE THAT WAS UNIQUE AND IMPORTANT AND HELPED  
22 ME IN MY TRAJECTORY AS A BOARD MEMBER. SO I WANTED  
23 TO TAKE A MOMENT AND SAY THANK YOU VERY MUCH.

24 CHAIRMAN THOMAS: THANKS, AL. JEFF, COULD  
25 YOU PLEASE MAKE SOME COMMENTS.

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1 MR. SHEEHY: SURE. THANK YOU, J.T. IT'S  
2 GREAT TO SEE YOU AND IT'S GREAT TO SEE EVERYBODY.  
3 AND THANK YOU SO MUCH, AL AND OS AND FRANCISCO, FOR  
4 THOSE KIND WORDS. IT'S A LITTLE OVERWHELMING TO  
5 HEAR ALL OF THESE KUDOS, AND IT REALLY HAS BEEN AN  
6 INCREDIBLE EXPERIENCE.

7 I DO HAVE TO -- OF COURSE, THERE'S GOING  
8 TO BE A LITTLE BIT OF AN ADMONITION HERE. I'VE BEEN  
9 STRUCK, AND I APOLOGIZE FOR NOT JUST GOING INTO  
10 KUDOLAND, BUT THE LAST COUPLE OF WEEKS, ABOUT A WEEK  
11 AGO WE MARKED THE 40TH ANNIVERSARY, WHICH IS A WEIRD  
12 THING TO CALL IT ANNIVERSARY, OF THE FIRST CASES OF  
13 AIDS IN THE COUNTRY. AND UCSF ASKED ME FOR SOME  
14 REFLECTIONS ON THAT.

15 I HAVE TO SAY I WAS REALLY STRUCK,  
16 OVERWHELMED, AND FRANKLY SHAMED THAT, DESPITE THE  
17 INCREDIBLE PROGRESS WE'VE MADE AGAINST HIV AND AIDS,  
18 THE THERAPIES WE HAVE THAT CAN PREVENT THE DISEASE  
19 FROM BEING TRANSMITTED, IF YOU TAKE THE PILLS EVERY  
20 DAY, YOU CANNOT INFECT ANOTHER PERSON. IF YOU GET  
21 ACCESS TO A MEDICATION, YOU CANNOT -- YOU'RE LIKE 98  
22 PERCENT PROTECTED FROM GETTING INFECTED. SO WE HAD  
23 THE TOOLS IN THE EPIDEMIC, BUT THEN WE LOOK AT WHERE  
24 WE ARE AND WHO'S IMPACTED, AND OUR BLACK AND BROWN  
25 COMMUNITIES SUFFER DISPROPORTIONATELY FROM THE

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1 BURDEN OF HIV AND AIDS.

2 AND THEN LOOK AT OUR RECENT AND OUR  
3 ONGOING EXPERIENCE WITH COVID, AND THE STATISTICS  
4 ARE THE SAME. AND I'VE SPENT MY LIFE, A BIG PART OF  
5 MY LIFE, SO MUCH OF MY LIFE HAS BEEN DEFINED BY HIV.  
6 I JUST CANNOT BELIEVE THAT -- I'M JUST OVERWHELMED  
7 BY A SENSE OF FAILURE THAT THESE KINDS OF HEALTH  
8 DISPARITIES EXIST AND CONTINUE TO EXIST.

9 AND I LOVE THE WORK OF CIRM. I THINK THE  
10 AGENCY HAS DONE TREMENDOUS WORK. I WAS SO HEARTENED  
11 BY YOUR REMARKS, J.T. THE NEW FOCUS ON HEALTH  
12 EQUITY, BUT FOR ALL OF US CALIFORNIANS, AS  
13 AMERICANS, WE REALLY HAVE TO LOOK INSIDE OURSELVES  
14 AND LOOK AT OUR PRIORITIES AND RECOGNIZE THAT,  
15 ESPECIALLY IN HEALTHCARE, WE ARE JUST NOT SHARING  
16 EQUALLY. WE JUST DON'T SEEM TO CARE ABOUT EVERYBODY  
17 IN OUR SOCIETY EQUALLY. AND WE DON'T ENSURE THAT WE  
18 GET THESE WONDERFUL, MIRACULOUS CURES AND TREATMENTS  
19 TO EVERYONE WHO NEEDS THEM.

20 I'M HEARTENED TO SEE THAT SENATOR TORRES  
21 IS GOING TO BE LEADING THE ACCESS AND AFFORDABILITY  
22 EFFORT AT CIRM. I THINK WE REALLY NEED TO MAKE THIS  
23 OUR NUMBER ONE PRIORITY. SO I APOLOGIZE FOR THE  
24 LECTURE. I'M TREMENDOUSLY HONORED BY THE BOARD, AND  
25 I'M VERY HEARTENED BY SOME OF THE DIRECTION THAT THE

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1 BOARD AND THE AGENCY HAS TAKEN. BUT FOR MYSELF I  
2 HAVE NO SENSE OF LAURELS TO REST ON. I REALLY, LIKE  
3 I SAID, FEEL A DEEP SENSE OF FAILURE. SO THANK YOU.

4 CHAIRMAN THOMAS: THANK YOU, JEFF. AND  
5 THOSE ARE VERY IMPORTANT WORDS OF ADMONITION, AND WE  
6 WILL, AS ALWAYS, LOOK TO TRY AS BEST WE CAN TO  
7 ADVANCE ALL OF THAT CAUSE WHICH IS SO IMPORTANT.  
8 AND IF WE DON'T SUCCEED IN GETTING TO THE  
9 UNDERSERVED AND TO THE ISSUES OF AFFORDABILITY AND  
10 ACCESSIBILITY, ET CETERA, IT WILL NOT BE A GOOD  
11 RESULT. BUT WE WILL BE UNRELENTING IN OUR EFFORTS.

12 AND THANK YOU FOR THAT, AND THANK YOU AS  
13 WELL FOR, AS OS SAID, THE INCREDIBLE AMOUNT OF WORK  
14 THAT YOU DID IN SO MANY DIFFERENT CAPACITIES OVER  
15 THE FIRST 16 YEARS OF CIRM, WHICH, AMONG OTHER  
16 THINGS, INVOLVED AN AMAZING GRANULARITY IN YOUR  
17 ATTENTION TO THE GRANTS AS THEY WERE REVIEWED IN THE  
18 GRANTS WORKING GROUP. AS YOU ALL NOTICED, THERE WAS  
19 NO REFERENCE TO JEFF BEING A PH.D. IN HIS  
20 RESOLUTION; BUT IF YOU WERE TO HAVE HEARD HIM IN THE  
21 GRANTS WORKING GROUP AND THE LEVEL OF DETAIL AND  
22 UNDERSTANDING THAT HE SHOWED FROM THE SCIENTIFIC  
23 PERSPECTIVE ON THE MANY, MANY GRANTS THAT HE WAS  
24 PART OF REVIEWING, IT WAS MOST IMPRESSIVE AND  
25 INDICATIVE OF THE EFFORT THAT HE GAVE ACROSS THE

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1 BOARD TO THE AGENCY.

2 SO, JEFF, JUST THANK YOU VERY MUCH FOR  
3 EVERYTHING YOU DID ON BEHALF OF THE STATE OF  
4 CALIFORNIA AND FOR PATIENTS EVERYWHERE.

5 DR. STEWARD: J.T., THIS IS OS. CAN I  
6 JUST SAY ONE MORE THING. I'M SORRY. I JUST HAVE TO  
7 SAY, JEFF, IF WHAT YOU DID IS FAILURE, WE SHOULD ALL  
8 ASPIRE TO FAIL IN THE SAME WAY. YOU HAVE ACHIEVED  
9 SO MUCH IN ADVANCING THE CAUSES THAT YOU HAVE  
10 DRIVEN. SO I JUST HAD TO SAY THAT. THANK YOU.

11 CHAIRMAN THOMAS: AND TO JEFF AND TO  
12 FRANCISCO, NOT YET TO OS, OS, WE STILL HAVE YOU FOR  
13 A WHILE, JUST FOR EVERYBODY'S BENEFIT, AS BEING  
14 FOUNDING BOARD MEMBERS OF CIRM, EVERYBODY NEEDS TO  
15 UNDERSTAND THAT IT WAS THE WILD, WILD WEST WHEN  
16 THINGS GOT GOING. THERE WAS NO TEMPLATE FOR CIRM.  
17 BY THE WAY, STILL NOTHING COMPARABLE ANYWHERE IN THE  
18 WORLD, THOUGH OTHERS HAVE ASPIRED TO THAT, BUT THE  
19 EFFORT THAT NEEDED TO BE UNDERTAKEN TO TAKE THE  
20 VISION THAT BOB KLEIN HAD IN CREATING CIRM AND  
21 MAKING IT INTO A -- NICE, OS. LIKE THAT HAT --  
22 MAKING IT INTO A FUNCTIONING, WORLD-CLASS  
23 GRANT-MAKING OPERATION WAS A TREMENDOUS UNDERTAKING.  
24 AND ALL OF THAT PIONEERING WORK THAT FRANCISCO AND  
25 JEFF AND OS DID HAS SET THE TABLE FOR THE WELL-OILED

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1 MACHINE THAT IS CIRM THESE DAYS THAT, AS BEFORE,  
2 CONTINUES TO BE THE ENVY OF THE WORLD REALLY AND OUR  
3 ABILITY TO DRIVE AND ACCELERATE CHANGE IN MEDICINE  
4 AND BRING TREATMENTS AND CURES TO PATIENTS. AND SO  
5 FOR ALL OF THE NEWER MEMBERS OF WHICH EVERYBODY IS A  
6 NEWER MEMBER THAN THE THREE OF THEM, I JUST WANTED  
7 TO THANK YOU SO MUCH FOR YOUR FOUNDATIONAL WORK  
8 WHICH WAS SO CRITICAL AND KEY TO THE SUCCESS OF THE  
9 OPERATION AND FOR EVERYTHING THAT YOU'VE DONE IN THE  
10 INTERIM WHICH CANNOT BE OVERSTATED IN ITS  
11 IMPORTANCE.

12 OS, WE'LL DEAL WITH YOU IN MORE DETAIL  
13 DOWN THE ROAD A BIT. JUST WANTED TO SAY THAT.  
14 SPECIAL THANKS TO ALL OF YOU. OKAY.

15 MS. BONNEVILLE: J.T., ANNE-MARIE HAS HER  
16 HAND RAISED.

17 DR. DULIEGE: JUST, J.T., I WANTED TO ADD  
18 TO EVERYONE'S KUDOS TO ALL OF THOSE WHO ARE GOING TO  
19 LEAVE OR HAVE LEFT THE BOARD, OUR COLLEAGUES, BUT A  
20 SPECIAL ONE TO YOU, JEFF. I REMEMBER WHEN I  
21 STARTED, YOU WERE ONE OF THOSE WHO HELPED ME A LOT  
22 FIND MY WAY AROUND, BUT WE HAD IN COMMON THE FIGHT  
23 AGAINST HIV. YOU AT YOUR CORE AND THAT HAS BEEN  
24 YOUR LIFE, MYSELF VERY MUCH INVOLVED PRETTY MUCH  
25 FROM THE GET-GO IN HIV VACCINE DEVELOPMENT AND

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1 IMMUNOTHERAPY. WE SHARED THAT, AND I'VE ALWAYS  
2 ADMIRERD YOUR DEDICATION AND HOW EFFECTIVE YOU ARE IN  
3 MANY WAYS. SO KUDOS AND THANK YOU.

4 CHAIRMAN THOMAS: OKAY. THANK YOU,  
5 ANNE-MARIE.

6 OKAY. OUR FINAL RESOLUTION OF THE DAY IS  
7 FOR DIANE WINOKUR WHO IS NOT ABLE TO JOIN US TODAY.  
8 I WILL, AS BEFORE, READ HER RESOLUTION.

9 MS. DURON: J.T., JOHNNY COME LATELY, BUT  
10 I JUST WANTED TO SAY ONE LAST THING BEFORE JEFF  
11 LEAVES THE BUILDING. THANK YOU.

12 JEFF, FIRST OF ALL, IT IS MY BELIEF THAT  
13 THERE IS -- THE ONLY FAILURE IS IN NOT TRYING. SO  
14 THANK YOU FOR ALL OF THE WORK YOU HAVE PUT IN  
15 BECAUSE IT HAS MADE A DIFFERENCE IN A LOT OF  
16 PEOPLE'S LIVES.

17 THANK YOU ALSO FOR, WHEN I FIRST PUT ONE  
18 OF MY FIRST MOTIONS ON THE TABLE, THAT YOU WERE  
19 THERE TO SUPPORT ME. THAT MADE A GREAT DEAL OF  
20 DIFFERENCE TO ME AS WE TRIED TO MOVE THE WHOLE ISSUE  
21 OF DEI, INCLUSION IN CLINICAL TRIALS, THIS  
22 PARTICULARLY FOR THE COVID AWARDS, REALLY HELPED ME.  
23 AND I APPRECIATE THAT. I THINK MANY ADVOCATES AND  
24 MANY ADVOCATES OF COLOR COME TO BOARDS ARE UNSURE  
25 ABOUT HOW TO USE THEIR VOICE AND WHO WILL CHAMPION

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1 WHAT THEY ARE CONCERNED ABOUT. AND I WANT TO THANK  
2 YOU FOR BEING THERE FOR ME AND HELPING ME EXPRESS  
3 WHAT I WANTED TO SAY IN ORDER TO GET THAT PASSED.  
4 SO THANK YOU AND I WILL ALWAYS REMEMBER YOU VERY  
5 FONDLY.

6 CHAIRMAN THOMAS: THANK YOU, YSABEL.  
7 OKAY.

8 RESOLUTION FOR DIANE WINOKUR.

9 WHEREAS, DIANE WINOKUR RECEIVED HER  
10 BACHELOR OF ARTS FROM THE UNIVERSITY OF  
11 MASSACHUSETTS, AMHERST;

12 WHEREAS, MS. WINOKUR RECEIVED HER MASTER  
13 OF ARTS FROM SAN FRANCISCO STATE UNIVERSITY;

14 WHEREAS, MS. WINOKUR IS AN INVALUABLE  
15 ADVOCATE IN THE FIELD OF ALS RESEARCH;

16 WHEREAS, THE PASSING AWAY OF HER SONS,  
17 DOUGLAS AND HUGH, FROM ALS INSPIRED MS. WINOKUR'S  
18 TENACIOUS AND TIRELESS ADVOCACY;

19 WHEREAS, MS. WINOKUR'S TRAGIC DIRECT  
20 EXPERIENCE WITH ALS CATALYZED HER COMMITMENT TO  
21 PROVIDE A DEEPER UNDERSTANDING WITHIN THE SCIENTIFIC  
22 COMMUNITY OF THE DISEASE;

23 WHEREAS, MS. WINOKUR HAS ADVOCATED FOR ALS  
24 RESEARCH AT THE LOCAL, STATE, AND FEDERAL LEVELS;

25 WHEREAS, MS. WINOKUR HAS BEEN AN ACTIVE

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1 LEADER NATIONALLY AND INTERNATIONALLY IN SCIENCE AND  
2 TECHNOLOGY;

3 WHEREAS, MS. WINOKUR HAS A KEEN GRASP OF  
4 PUBLIC-PRIVATE PARTNERSHIPS THAT DRIVE INNOVATION  
5 AND DISCOVERY;

6 WHEREAS, MS. WINOKUR IS A TIRELESS  
7 FUNDRAISER FOR ALS RESEARCH;

8 WHEREAS, MS. WINOKUR PARTICIPATED IN THE  
9 ALS ICE BUCKET CHALLENGE, A VIRAL FUNDRAISING  
10 CHALLENGE DESIGNED TO RAISE FUNDS AND AWARENESS OF  
11 ALS;

12 WHEREAS, MS. WINOKUR AND HER FAMILY HELPED  
13 FOUND THE ALS TREATMENT AND RESEARCH CENTER AT THE  
14 UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, A CERTIFIED  
15 CENTER OF EXCELLENCE OF THE ALS ASSOCIATION;

16 WHEREAS, MS. WINOKUR AND HER FAMILY  
17 ESTABLISHED THE WINOKUR FAMILY RESEARCH INITIATIVE,  
18 DESIGNED TO FUND EARLY-STAGE RESEARCH THROUGH A  
19 COLLABORATION BETWEEN THE ALS ASSOCIATION AND THE  
20 ROBERT PACKARD CENTER FOR ALS RESEARCH AT JOHNS  
21 HOPKINS UNIVERSITY;

22 WHEREAS, MS. WINOKUR HAS BEEN AN ACTIVE  
23 BOARD MEMBER OF SEVERAL NATIONALLY-RENOWNED  
24 ORGANIZATIONS;

25 WHEREAS, MS. WINOKUR SERVED ON THE ALS

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1 ASSOCIATION'S NATIONAL BOARD OF TRUSTEES FOR FIVE  
2 YEARS;

3 WHEREAS, MS. WINOKUR ALSO SERVED ON THE  
4 GOLDEN WEST CHAPTER OF THE ALS ASSOCIATION;

5 WHEREAS, MS. WINOKUR SERVED AS A BOARD  
6 MEMBER OF THE SANFORDBURNHAM MEDICAL RESEARCH  
7 INSTITUTE IN LA JOLLA, CALIFORNIA;

8 WHEREAS, MS. WINOKUR CURRENTLY SERVES AS A  
9 BOARD MEMBER OF THE PACKARD CENTER FOR ALS RESEARCH  
10 AT JOHNS HOPKINS UNIVERSITY;

11 WHEREAS, MS. WINOKUR WAS A PIVOTAL  
12 ADVOCATE FOR THE PASSAGE OF PROP 71 IN 2004, THE  
13 BALLOT MEASURE THAT CREATED CIRM, AND PROPOSITION 14  
14 IN 2020, THE BALLOT MEASURE THAT EXTENDED CIRM'S  
15 FUNDING;

16 WHEREAS, MS. WINOKUR WAS APPOINTED BY THEN  
17 LIEUTENANT GOVERNOR GAVIN NEWSOM TO THE ICOC AS THE  
18 BOARD'S PATIENT ADVOCATE MEMBER FOR ALS AND MULTIPLE  
19 SCLEROSIS;

20 WHEREAS, MS. WINOKUR, THROUGH HER SERVICE  
21 ON THE ICOC, HAS BEEN A PATIENT ADVOCATE FOR ALL  
22 CALIFORNIANS;

23 WHEREAS, CIRM FUNDED TWO CLINICAL TRIALS  
24 THAT OFFER HOPE TO THOSE TOUCHED BY ALS;

25 WHEREAS, MS. WINOKUR THROUGH HER

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1 EXPERIENCE, COMMITMENT, KNOWLEDGE, AND LEADERSHIP,  
2 CONTRIBUTED GREATLY TO THE MOMENTUM OF DISCOVERY AND  
3 THE FUTURE THERAPIES WHICH WILL BE THE ULTIMATE  
4 OUTCOME OF THE DEDICATED WORK OF THE RESEARCHERS  
5 RECEIVING CIRM FUNDING.

6 BE IT RESOLVED, THAT THE GOVERNING BOARD  
7 OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE  
8 MEDICINE, ON BEHALF OF THE PEOPLE OF THE STATE OF  
9 CALIFORNIA, WISHES TO EXPRESS ITS DEEPEST GRATITUDE  
10 TO MS. DIANE WINOKUR FOR HER SERVICE ON CIRM'S  
11 GOVERNING BOARD AND FOR HER DEDICATION TO THE  
12 ADVANCEMENT OF STEM CELL RESEARCH AND TO THE MISSION  
13 OF CIRM TO ACCELERATE STEM CELL TREATMENTS TO  
14 PATIENTS WITH UNMET MEDICAL NEEDS.  
15 DIANE WINOKUR.

16 OKAY. WE NEED A RESOLUTION -- I'M  
17 SORRY -- A MOTION TO APPROVE ALL FIVE RESOLUTIONS BY  
18 THE BOARD. DO I HEAR SUCH A MOTION?

19 DR. STEWARD: SO MOVED.

20 CHAIRMAN THOMAS: MOVED BY OS. IS THERE A  
21 SECOND?

22 MS. DURON: SECOND.

23 CHAIRMAN THOMAS: WHO WAS THE SECOND  
24 THERE?

25 MS. DURON: YSABEL.

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1 CHAIRMAN THOMAS: YSABEL JUST BEAT OUT AL.  
2 OKAY. WE'LL GO WITH YSABEL. THANK YOU. MARIA,  
3 WILL YOU PLEASE CALL THE ROLL.

4 MS. BONNEVILLE: DAN BERNAL. GEORGE  
5 BLUMENTHAL.

6 DR. BLUMENTHAL: YES.

7 MS. BONNEVILLE: LINDA BOXER.

8 DR. BOXER: YES.

9 MS. BONNEVILLE: ALLISON BRASHEAR.

10 DR. BRASHEAR: YES.

11 MS. BONNEVILLE: LEONDRAL CLARK-HARVEY.

12 DR. CLARK-HARVEY: YES.

13 MS. BONNEVILLE: DEBORAH DEAS.

14 DR. DEAS: YES.

15 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

16 DR. DULIEGE: YES.

17 MS. BONNEVILLE: YSABEL DURON.

18 MS. DURON: YES.

19 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

20 DR. FISCHER-COLBRIE: YES.

21 MS. BONNEVILLE: FRED FISHER. ELENA  
22 FLOWERS. JUDY GASSON.

23 DR. GASSON: YES.

24 MS. BONNEVILLE: LARRY GOLDSTEIN.

25 DR. GOLDSTEIN: YES.

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1 MS. BONNEVILLE: DAVID HIGGINS.  
2 DR. HIGGINS: YES.  
3 MS. BONNEVILLE: STEPHEN JUELSGAARD.  
4 MR. JUELSGAARD: YES.  
5 MS. BONNEVILLE: JOSEPH KIM.  
6 DR. KIM: YES.  
7 MS. BONNEVILLE: PAT LEVITT.  
8 DR. LEVITT: YES.  
9 MS. BONNEVILLE: LINDA MALKAS.  
10 DR. MALKAS: YES.  
11 MS. BONNEVILLE: DAVE MARTIN.  
12 DR. MARTIN: YES.  
13 MS. BONNEVILLE: SHLOMO MELMED.  
14 DR. MELMED: YES.  
15 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
16 DR. MIASKOWSKI: YES.  
17 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
18 MS. MILLER-ROGEN: YES.  
19 MS. BONNEVILLE: ADRIANA PADILLA.  
20 DR. PADILLA: YES.  
21 MS. BONNEVILLE: JOE PANETTA.  
22 MR. PANETTA: YES.  
23 MS. BONNEVILLE: AL ROWLETT.  
24 MR. ROWLETT: YES.  
25 MS. BONNEVILLE: MICHAEL STAMOS.

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1 DR. STAMOS: YES.  
2 MS. BONNEVILLE: OS STEWARD.  
3 DR. STEWARD: YES.  
4 MS. BONNEVILLE: JONATHAN THOMAS.  
5 CHAIRMAN THOMAS: YES.  
6 MS. BONNEVILLE: ART TORRES.  
7 MR. TORRES: AYE.  
8 MS. BONNEVILLE: KRISTINA VUORI.  
9 DR. VUORI: YES.  
10 MS. BONNEVILLE: KAROL WATSON.  
11 DR. WATSON: YES.  
12 MS. BONNEVILLE: KEITH YAMAMOTO.  
13 THE MOTION CARRIES.  
14 CHAIRMAN THOMAS: THANK YOU, MARIA. WE'LL  
15 NOW GO TO THE PRESIDENT'S REPORT. DR. MILLAN.  
16 DR. MILLAN: THANK YOU, CHAIRMAN THOMAS,  
17 MEMBERS OF THE BOARD, MEMBERS OF THE PUBLIC, AND  
18 CIRM COLLEAGUES. ON BEHALF OF CIRM, I FIRST WANT TO  
19 ALSO EXPRESS OUR GRATITUDE OF THE TEAM TOWARD THE  
20 PARTING BOARD MEMBERS. WE STAND ON YOUR SHOULDERS  
21 AS WE CONTINUE CIRM'S MISSION. AND A WARM WELCOME  
22 TO OUR NEW BOARD MEMBERS.  
23 IT'S BEEN SIX MONTHS SINCE CIRM WAS  
24 REAUTHORIZED UNDER PROPOSITION 14. AND I'M PLEASED  
25 TO PROVIDE AN UPDATE TODAY OF CIRM'S PROGRESS IN

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1 THESE PAST SIX MONTHS.

2 BEFORE I CONTINUE, I WANT TO ACKNOWLEDGE  
3 THIS MOMENT AND HOW DIFFERENT THINGS WERE FROM LAST  
4 JUNE WHEN I ADDRESSED THIS BOARD. LAST JUNE WE WERE  
5 STILL IN UNCERTAIN TERRITORY. WE DID NOT KNOW  
6 WHETHER THE BALLOT INITIATIVE WOULD EVEN MAKE IT  
7 ONTO THE BALLOT. LAST JUNE WE WERE IN THE THICK OF  
8 THE COVID PANDEMIC, UNCERTAIN ABOUT A WAY OUT WITH  
9 NO AVAILABLE VACCINES YET AT THAT TIME TO CONTROL  
10 ITS SPREAD. LAST JUNE, JUNETEENTH WAS NOT A FEDERAL  
11 HOLIDAY, WHICH IT IS TODAY JUST RECENTLY PASSED.  
12 AND BY THE WAY, IT'S THE SAME DAY AS SICKLE CELL  
13 AWARENESS DAY.

14 CIRM IS PROUD, UNDER THE LEADERSHIP OF  
15 YSABEL DURON AND OTHER BOARD MEMBERS, AL ROWLETT AND  
16 OTHERS, THAT WE HAVE ALREADY STARTED TO INCORPORATE  
17 DEI CONSIDERATIONS, DIVERSITY, EQUITY, AND  
18 INCLUSION, AND EMBED IT WITHIN OUR CIRM PROGRAMS.  
19 THERE'S MUCH WORK TO BE DONE, BUT WE ARE STILL  
20 PLEASED THAT WE'VE GOT THAT STARTED.

21 IN ADDITION, CIRM IS ALSO PROUD TO BE PART  
22 OF THE NATIONAL CURE SICKLE CELL INITIATIVE IN  
23 PARTNERSHIP WITH THE NIH.

24 WHERE WE ARE TODAY IS, THEREFORE, A HAPPY  
25 ENDING FOR PROP 71 AND A STRONG BEGINNING FOR PROP

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1 14. SHYAM, PLEASE NEXT SLIDE. SO JUST BY WAY OF  
2 BACKGROUND AND ESPECIALLY FOR ANY MEMBERS OF THE  
3 BOARD AND NEW TEAM MEMBERS, CIRM, AS YOU KNOW, WAS  
4 CREATED BY PATIENT ADVOCATES AND CALIFORNIA  
5 STAKEHOLDERS INITIALLY UNDER PROPOSITION 71 WHICH  
6 AUTHORIZED \$3 BILLION IN BOND FUNDING. THIS FUNDED  
7 OVER A THOUSAND AND THIRTY PROGRAMS IN WHAT WE CALL  
8 PILLARS, AND YOU WILL HEAR THAT TERMINOLOGY, WHICH  
9 ARE OUR CORE FUNDING PROGRAMS WHICH ARE DISCOVERY,  
10 TRANSLATIONAL PROGRAMS, CLINICAL RESEARCH,  
11 INFRASTRUCTURE, AND EDUCATION. AND YOU WILL HEAR  
12 MORE ABOUT THAT AS TO DO SO MEETING PROGRESSES.

13 AND WE FUNDED UNDER BOTH PROP 71 FUNDS AND  
14 IN TRANSITIONING INTO THE NEW FUNDING MECHANISM 70  
15 CLINICAL TRIALS. MOST OF THEM ARE FIRST-IN-HUMAN  
16 REGENERATIVE MEDICINE CELL AND GENE THERAPY CLINICAL  
17 TRIALS.

18 WHEN CIRM WAS FORMED IN 2004, IT WASN'T  
19 EVEN REALLY A FIELD YET, REGENERATIVE MEDICINE. AND  
20 SO TO LOOK JUST TO EVEN WHAT HAS HAPPENED IN PROP  
21 71, WE ARE IN AN AMAZING POSITION TO GO FORWARD  
22 UNDER THE \$5.5 BILLION BOND INITIATIVE JUST PASSED  
23 IN NOVEMBER.

24 NEXT SLIDE PLEASE, SHYAM. SO AS A QUICK  
25 SNAPSHOT OF WHERE WE ENDED UP WITH THE PROP 71 ERA,

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1 YOU CAN SEE THE INVESTMENTS AS SUMMARIZED HERE.  
2 INFRASTRUCTURE, ALMOST A HALF A BILLION DOLLARS;  
3 EDUCATION, 200 MILLION; ALMOST A BILLION DOLLARS IN  
4 DISCOVERY PROGRAMS; 360 MILLION IN TRANSLATION; AND  
5 760 MILLION IN CLINICAL.

6 IN THE PROP 14 ERA, AS WAS MENTIONED  
7 EARLIER BY CHAIRMAN THOMAS, UNDER THE DIRECTION OF  
8 SOME OF OUR DEPARTING BOARD MEMBERS, NOTHING WAS IN  
9 PLACE. AND SO THINGS WERE IN A BUILD PHASE.  
10 INFRASTRUCTURE NEEDED TO BE SET UP AND BUILT TO  
11 ATTRACT SCIENTISTS THROUGH EDUCATION AND FACULTY  
12 POSITION AWARDS. AND DISCOVERY PROGRAMS WERE THE  
13 PREDOMINANT TYPES OF AWARDS THAT WERE GIVEN OUT. AS  
14 THE AGENCY MATURED, AS THE SCIENCE MATURED, WE  
15 SHIFTED MORE TO THE TRANSLATIONAL AND CLINICAL  
16 PROGRAMS. AND ESSENTIALLY, BECAUSE WE DID NOT KNOW  
17 WHETHER CIRM WOULD BE REFUNDED, HAD TO UNFORTUNATELY  
18 SHUT OFF FUNDING AT THE VERY END OF CIRM,  
19 PREDOMINANTLY SHUT OFF FUNDING ALTHOUGH WE WERE ABLE  
20 TO FUND SOME COVID PROGRAMS THROUGH DISCOVERY. AND  
21 YOU WILL SEE IN THE UPCOMING BOARD MEETINGS HOW WE  
22 ARE NOW IN A POSITION WHERE WE NO LONGER ARE TRYING  
23 TO FIGURE OUT WILL THERE BE CLINICAL STAGE PROGRAMS  
24 BECAUSE IN THE 2004 SCENARIO, IT WAS UNCLEAR AS TO  
25 WHETHER THE SCIENCE WOULD MAKE IT TO CLINICS.

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1 SO NOW WE KNOW THEY ARE, SO WE WILL HAVE A  
2 DIFFERENT PHILOSOPHY GOING FORWARD TO MAKE SURE THAT  
3 WE SUPPORT THE ENTIRE PIPELINE, AND THAT'S  
4 IMPORTANT.

5 BEFORE I GO TOO DEEP INTO THAT, I WANTED  
6 TO TALK ABOUT WHAT OUR STRATEGIC ACCOMPLISHMENTS  
7 HAVE BEEN IN THE LAST LEG OF PROP 71, THE FINAL FIVE  
8 YEARS UNDER THE 2016/2020 STRATEGIC PLAN.

9 WE HAD BOLD GOALS, AS MANY OF THE BOARD  
10 MEMBERS WHO WERE PART OF THIS ORGANIZATION AT THE  
11 TIME THAT WE SET FORTH WITH THE PROP 71 FUNDS FOR  
12 ITS FINAL LEG, WE SET FORTH TO BRING IN 50 NEW  
13 CANDIDATES, AND WE BROUGHT IN 46. WE ACTUALLY HAD  
14 MORE, BUT WE WERE LIMITED BY PROP 71 FUNDS. SO  
15 ENTER PROP 14 JUST IN TIME. SO WE ACHIEVED THE GOAL  
16 OF ADVANCING OUR PIPELINE WITH A HUNDRED PERCENT  
17 INCREASE IN ADVANCING FROM DISCOVERY TO TRANSLATION  
18 TO CLINICAL FOR OUR PROGRAMS GETTING INTO  
19 THERAPEUTIC DEVELOPMENT PATHWAYS.

20 IN TERMS OF SHAPING THE REGULATORY  
21 PARADIGM, CIRM WAS SUPPORTIVE OF THE 21ST CENTURY  
22 CURES ACT AND THE CREATION OF THE REGENERATIVE  
23 MEDICINE ADVANCED THERAPY DESIGNATION AT THE FDA.  
24 CIRM PROGRAMS WERE AMONG THE FIRST TO ACHIEVE THIS  
25 EXPEDITED PATHWAY DESIGNATION, WHICH ALLOWS A

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1 COLLABORATIVE EFFORT WITH THE FDA WITH THESE NEW  
2 TECHNOLOGIES. TODAY WE HAVE OVER EIGHT OF THESE  
3 RMAT DESIGNATIONS, WHICH IS SIGNIFICANT.

4 WE ALSO HAD A GOAL TO CUT DEVELOPMENT TIME  
5 IN HALF. AND A SURROGATE FOR THAT IS HOW LONG IT  
6 TOOK TO GET OUR PROGRAMS TO GET FROM IND-ENABLING  
7 STAGE AND TO ACHIEVE AN IND, INVESTIGATIONAL NEW  
8 DRUG DESIGNATION, WHICH MEANS THAT THESE PROGRAMS  
9 COULD GET INTO THE CLINICS, INTO CLINICAL TRIALS.  
10 AND 73 PERCENT OF OUR PROGRAMS THAT WERE FUNDED BY  
11 THIS BOARD HAD ACHIEVED AN IND WITHIN TWO YEARS.  
12 THAT'S QUITE REMARKABLE.

13 AND WE HAD A VERY BOLD GOAL OF 50 NEW  
14 CLINICAL TRIALS INTO OUR PORTFOLIO. WE EXCEEDED  
15 THAT GOAL FOR 51 NEW CLINICAL TRIALS AND THEREAFTER  
16 SEVERAL MORE DURING THE TRANSITION TIME, BRINGING  
17 THE TOTAL OF DIRECTLY FUNDED BY CIRM TO CURRENTLY 70  
18 CLINICAL TRIALS.

19 WE ALSO HAD THIS GOAL BECAUSE EARLY ON,  
20 EVEN WHEN WE STARTED THE STRATEGIC PLAN IN 2004,  
21 THERE WAS VERY LITTLE INDUSTRY PULL. WE KNEW THAT  
22 AS AN AGENCY WE COULD FUND EARLY RESEARCH, DERISK  
23 IT, FUND THE SCIENCE, BUT WE KNEW THAT WE WOULD NOT  
24 BE ABLE TO BRING IT ALL THE WAY TO  
25 COMMERCIALIZATION. SO IT WAS ABSOLUTELY CRITICAL

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1 THAT THE PROGRAMS WERE TEED UP TO ATTRACT INVESTMENT  
2 AND COMMERCIALIZATION PARTNERS. SO WE HAD A GOAL OF  
3 PARTNERING 50 PERCENT OF OUR LATE STAGE PROGRAMS.  
4 AND, IN FACT, WE EXCEEDED, AND 59 PERCENT OF OUR  
5 LATE STAGE PROGRAMS HAVE ACHIEVED COMMERCIALIZATION  
6 PARTNERSHIPS.

7 ON TOP OF THAT, WE'VE SEEN A MARKED  
8 INCREASE IN INDUSTRY PULL WITH INVESTMENTS BY WAY OF  
9 ACQUISITION, LICENSING, AND COMPANIES GOING PUBLIC.  
10 IT'S TODAY ABOUT 18 BILLION OR SO. YOU WILL GET AN  
11 UPDATE FROM OUR BUSINESS DEVELOPMENT DIRECTOR  
12 SHORTLY; BUT AT THE TIME, WITH PROP 71 ALREADY AT  
13 THAT TIME WE CLOCKED IN ABOUT \$12 BILLION IN  
14 INDUSTRY SUPPORT, A SURROGATE MEASURE FOR CONFIDENCE  
15 IN THESE TECHNOLOGY PLATFORMS.

16 NEXT SLIDE PLEASE, SHYAM. SO HERE'S WHERE  
17 WE ARE TODAY. THIS IS OUR IDENTITY. CIRM IS A  
18 UNIQUE FUNDING AGENCY, AS J.T. HAD MENTIONED. CIRM  
19 IS SUCH A UNIQUE FUNDING AGENCY THAT THE NHLBI  
20 PARTNERED WITH US ON SUCH A BOLD GOAL AS CURE SICKLE  
21 CELL BECAUSE THEY REALIZED WE DID HAVE THE SYSTEMS  
22 AND THE PHILOSOPHY AND THE EXPERTISE IN PLACE TO  
23 PARTNER WITH, AND THEY ACTUALLY ARE USING OUR  
24 FUNDING MECHANISM, OUR APPLICATIONS, OUR REVIEW  
25 MECHANISM IN ORDER TO INFORM THEIR CO-FUNDING OF OUR

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1 PROGRAMS. AND SO THAT CURE SICKLE CELL MOU,  
2 MEMORANDUM OF UNDERSTANDING, IS ACTUALLY A  
3 FUNCTIONAL ONE, AND IS AN INDICATION AND A  
4 VALIDATION FOR OUR FUNDING MECHANISM. SO WE ARE AN  
5 ACCELERATING PATIENT CENTRIC FUNDER. WE ARE A  
6 DERISKER.

7 YOU WILL HEAR FROM SHYAM PATEL, OUR  
8 DIRECTOR OF BUSINESS DEVELOPMENT, EXACTLY HOW WE  
9 DERISK THESE PROGRAMS SO THAT WHEN THEY'RE INITIALLY  
10 UNABLE TO GET FUNDING, BUT HAVE STRONG SCIENCE, THEY  
11 GET THE NECESSARY INFORMATION TO DETERMINE AND  
12 ATTRACT PARTNERS LATER ON.

13 WE FUND BASIC TRANSLATIONAL CLINICAL  
14 RESEARCH, SET UP CRITICAL INFRASTRUCTURE AND  
15 EDUCATION PROGRAMS TO BUILD THE WORKFORCE OF  
16 TOMORROW AND THE EXPERTS AND LEADERS OF TOMORROW.

17 THE IDEA, THEREFORE, AS I PRESENTED TO  
18 THIS BOARD LAST YEAR IN JANUARY AND THEN IN JUNE AND  
19 THEN LATER IN THE YEAR, IS TO BUILD UPON THIS  
20 SUCCESS BY MAKING SURE THAT WE RETAIN THE VALUE AND  
21 THE ASSET OF THE FUNDING MODEL, BUT BUILDING UPON  
22 THAT. AND MEANWHILE WE ARE IN THE MIDST OF  
23 STRATEGIC PLANNING THAT'S ARRANGED INTO FOUR KIND OF  
24 FOCUS AREAS SHOWN HERE ON THE RIGHT SIDE OF THE  
25 SLIDE TO ADVANCE WORLD-CLASS SCIENCE, BUILD PATHWAYS

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1 TO COMMERCIALIZATION, INCREASE PATIENT ACCESS TO  
2 INNOVATIVE TREATMENTS, AND THAT'S EQUITABLE PATIENT  
3 ACCESS TO INNOVATIVE TREATMENTS THAT ARE DEVELOPED  
4 BY OUR PROGRAMS, AND TO MAXIMIZE OUR IMPACT THROUGH  
5 OPERATIONAL EXCELLENCE. SO BOTH THE STRATEGIC  
6 PLANNING AND THE REFINEMENTS WE ARE MAKING TO OUR  
7 INTERNAL OPERATIONS ARE FOLLOWING THESE OBJECTIVES  
8 AND SERVING THESE KIND OF BROAD CATEGORIES.

9 NEXT SLIDE PLEASE, SHYAM. SO TODAY I  
10 WOULD LIKE TO GIVE A VERY BRIEF UPDATE, AND YOU WILL  
11 GET MORE DETAIL INTO THIS IN UPCOMING BOARD  
12 MEETINGS, WHERE WE ARE. SO JANUARY OF 2021 WE  
13 LAUNCHED PROP 14. WE ACTUALLY NEVER REALLY CLOSED  
14 DOWN. WE WENT TO -- WE WERE SLOWING DOWN, WENT INTO  
15 LOWER GEAR IN TERMS OF OUR FUNDING PROGRAMS, AND  
16 THEN WE STARTED RIGHT BACK UP AND OPENED UP THE  
17 SO-CALLED PILLAR PROGRAMS. DISC2, WHICH IS  
18 CANDIDATE DISCOVERY PROGRAMS; TRAN IS TRANSLATIONAL;  
19 AND CLIN, CLINICAL, EITHER PRECLINICAL, GETTING TO  
20 IND, OR CLINICAL TRIALS THEMSELVES, ALL THE WAY TO  
21 PHASE 3.

22 WE BROUGHT TO THE BOARD AND GOT APPROVED  
23 CONCEPT CHANGES, AMENDMENTS, AND STRATEGIC ELEMENTS  
24 THAT WE BROUGHT TO THOSE PILLAR PROGRAMS, THOSE  
25 STANDING PILLAR PROGRAMS, INCLUDING THE STARTING

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1 POINT, AND IT'S JUST A STARTING POINT, FOR DATA  
2 SHARING. AND I'LL GET INTO THAT A LITTLE BIT MORE  
3 IN FUTURE BOARD MEETINGS, BUT MANY OF YOU WHO HAVE  
4 BEEN INVOLVED IN THE STRATEGIC CONCEPTS KNOW THAT  
5 THE WHOLE -- THAT WE ARE BUILDING INTO OUR STRATEGIC  
6 PLANNING WAYS THAT WE CAN BUILD UPON THE ECOSYSTEM  
7 IN OUR FUNDING MODELS TO CREATE KNOWLEDGE NETWORKS  
8 AND MORE EFFICIENT SHARING OF DATA.

9 AND THEN, OF COURSE, DIVERSITY, EQUITY,  
10 AND INCLUSION, AND THIS IS A SUBJECT, IT'S ACTUALLY  
11 IN REAL-TIME, IT'S ALREADY IN PRACTICE. OUR BOARD  
12 MEMBERS HAVE BEEN SHAPING WITH US AND GIVING US  
13 FEEDBACK IN TERMS OF HOW THESE CONSIDERATIONS TRULY  
14 ARE NOT JUST A TOKEN EFFORT, BUT A REAL EFFORT IN  
15 TERMS OF INCORPORATING IT INTO HOW WE LOOK AT OUR  
16 PROGRAMS, HOW WE FUND OUR PROGRAMS, HOW WE EVALUATE  
17 OUR PROGRAMS.

18 WE'VE REOPENED OUR FIRST SET OF EDUCATION  
19 PROGRAMS, SO-CALLED BRIDGES, WHICH IS AN  
20 UNDERGRADUATE AND MASTER'S DEGREE PROGRAM THAT  
21 EMPHASIZE PROVIDING ACCESS TO UNDERSERVED  
22 COMMUNITIES AND MINORITY COMMUNITIES FOR ACCESS INTO  
23 EDUCATIONAL PATHWAYS IN THE STEM CELL REGENERATIVE  
24 MEDICINE SPACE. THE TRAINING LAB-BASED FELLOWSHIPS  
25 HAS BEEN APPROVED, IS IN PROCESS, AND THE SPARK

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1 PROGRAM, WHICH IS A HIGH SCHOOL INTERNSHIP PROGRAM,  
2 ALL OF THESE ARE ONRAMPS AT VARIOUS STAGES WHERE  
3 STUDENTS AND THE COMMUNITY CAN HAVE A WAY TO COME  
4 INTO THIS FIELD.

5 AND THEN WE ALSO, THIS BOARD ALSO  
6 SUPPORTED BRIDGING SUPPLEMENTS. BECAUSE, AS WE ARE  
7 IN THE MIDST OF CREATING A STRATEGIC PLAN, THERE ARE  
8 SOME VERY VALUABLE INFRASTRUCTURE AND PROGRAMS BOTH  
9 IN EDUCATION AND IN OUR ALPHA CLINICS CLINICAL  
10 NETWORK PROGRAM THAT WOULD OTHERWISE BE AT RISK. SO  
11 WE HAVE BRIDGING SUPPLEMENTS TO GET US TO THE  
12 EXPANSION AND THE NEW PROGRAM ANNOUNCEMENTS THAT  
13 WILL BE ROLLED OUT WITH THE STRATEGIC PLAN AT THE  
14 END OF THE YEAR.

15 WE WILL BE CONSTITUTING THE FIRST SET OF  
16 SCOPE, WHAT'S CALLED SCOPE, WHAT PROGRAMS ARE  
17 ELIGIBLE AND WHAT SHOULD WE BE FUNDING AMENDMENTS TO  
18 THE CANDIDATE DISCOVERY, TRANSLATIONAL, AND CLINICAL  
19 PROGRAMS. YOU WILL HEAR FROM DR. SAMBRANO, OUR  
20 DIRECTOR OF REVIEW, LATER ON TODAY WITH THAT  
21 PROPOSAL TO THE BOARD FOR ACTION TODAY.

22 AND THEN COMING UP, AS J.T. MENTIONED,  
23 WE'LL BE BRINGING TO YOU, EVEN BEFORE THE FORMAL  
24 STRATEGIC PLAN, ADDITIONAL PILLAR PROGRAMS,  
25 INCLUDING A BASIC DISCOVERY THAT'S DISTINGUISHED

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1 FROM THE CANDIDATE DISCOVERY PROGRAM ANNOUNCEMENTS,  
2 AS WELL AS AN ADDITIONAL UNDERGRADUATE EDUCATIONAL  
3 PROGRAM. MORE ON THAT SOON.

4 IN TERMS OF INTERNAL OPERATIONS, IT HAS  
5 BEEN A WHIRLWIND. THIS RAMP-UP HAS BEEN A VERY,  
6 VERY STEEP RAMP-UP. I WANT TO GIVE THANKS TO THIS  
7 LEADERSHIP TEAM AT CIRM WHICH IS INCREDIBLE AND  
8 UNPARALLELED, HONESTLY. WANT TO GIVE A SPECIAL  
9 THANK-YOU TO MARIA BONNEVILLE. I HAVE TO SAY THAT  
10 WE HAD -- OUR DIRECTOR OF HR HAD JUST RETIRED,  
11 BROUGHT US ALL THE WAY THROUGH THE TRANSITION AND  
12 RETIRED AT THE TIME THAT WE WERE RAMPING UP. AND  
13 SHE WAS ABLE THROUGH HER SHEER WILL AND INFLUENCE  
14 GET US SUPPORT SO WE WERE ABLE TO, ALONG WITH THE  
15 REST OF THE LEADERSHIP TEAM AND THE REST OF THE  
16 ORGANIZATION, RECRUIT TOPNOTCH CANDIDATES.

17 IN A VERY, VERY RIGOROUS AND COMPETITIVE  
18 PROCESS, WE HAVE TEN KEY HIRES, WHICH I WILL SHARE A  
19 LITTLE BIT MORE DETAIL ON THAT SHORTLY.

20 WE ALSO WERE ABLE TO LAUNCH AN  
21 OPERATIONAL -- THE PROCESS SO WE CAN BRING TO YOU  
22 TODAY AN OPERATIONAL AND RESEARCH BUDGET. I GUESS  
23 THAT WILL BE PRESENTED LATER ON FOR ACTION TODAY BY  
24 JENNIFER LEWIS, OUR DIRECTOR OF GRANTS MANAGEMENT  
25 AND OUR ACTING DIRECTOR OF FINANCE, BUT WE NOW HAVE

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1 A NEW DIRECTOR OF FINANCE AND I'LL BE INTRODUCING  
2 HER SHORTLY.

3 AND THEN STRATEGIC PLAN. WE ARE WELL ON  
4 OUR WAY. WE ARE WORKING ON THE FIRST DRAFT AS A  
5 WORKING DRAFT SO THAT WE CAN CONTINUE TO BRING IN  
6 KEY INPUT. HOW ARE WE GETTING THE INPUT? WE ARE  
7 GETTING IT FROM MULTIPLE STAKEHOLDER MEETINGS,  
8 INCLUDING THE STRATEGIC SCIENTIFIC ADVISORY PANEL,  
9 OR SCIENTIFIC STRATEGY ADVISORY PANEL, THAT CHAIRMAN  
10 THOMAS AND I HAD CONVENED IN FEBRUARY, AND HAVE  
11 BROUGHT TO THIS BOARD THE SUMMARY. AND WE'VE ALSO  
12 ALREADY STARTED TO IMPLEMENT CHANGES BASED ON THE  
13 ADVICE OF THE SSAP. AND ALSO A VARIETY OF DIFFERENT  
14 WORKSHOPS WHERE VARIOUS BOARD MEMBERS HAD  
15 PARTICIPATED, INCLUDING KEITH YAMAMOTO REGARDING  
16 DATA SCIENCE; YSABEL DURON REGARDING PATIENT  
17 OUTREACH, NAVIGATION, AND EQUITY IN CLINICAL  
18 RESEARCH; AND A VARIETY OF OTHER WORKSHOPS. WE ARE  
19 GOING TO HAVE THE TOWN HALL MEETING WHERE WE'LL HAVE  
20 THE RESEARCH STAKEHOLDERS OF CALIFORNIA, THE  
21 INSTITUTE LEADERS, AS WELL AS TRAINEES AND THE  
22 SCIENTIFIC COMMUNITY AT THAT TOWN HALL SO THAT WE  
23 CAN HAVE A BIDIRECTIONAL DISCUSSION OF WHAT CIRM  
24 PROGRAMS LOOK LIKE AND ALSO SEEK SOME INPUT FROM  
25 THEM REGARDING SOME OF THE STRATEGIC CONCEPTS WE ARE

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1 DEVELOPING.

2 YOU WILL HEAR LATER ON TODAY AN UPDATE ON  
3 THE INDUSTRY/ACADEMIA TYPE PARTNERSHIPS, THE BIOCOM  
4 PARTNERING EVENT, MANUFACTURING WORKSHOP FROM SHYAM  
5 PATEL. AND WE HAVE ADDITIONAL WORKSHOPS IN  
6 DEVELOPMENT.

7 WE BROUGHT ON A SCIENCE OFFICER -- A  
8 STRATEGIC INITIATIVE AND SPECIAL PROJECTS, THIS IS  
9 SUCH A COMPLICATED NAME, BUT IT'S A SPECIAL PROJECTS  
10 OFFICER, MITRA HOOSHMAND, WHO'S BEEN INSTRUMENTAL IN  
11 HELPING ME AND THE LEADERSHIP TEAM GET THESE WITH  
12 WORKSHOPS, THE TOWN HALL. SHE'S KIND OF THE LEAD IN  
13 HELPING US GET ON PAPER AND STRUCTURE, ALONG WITH  
14 SHYAM PATEL FROM BUSINESS DEVELOPMENT, THE STRATEGIC  
15 PLAN. I WANT TO GIVE A SPECIAL SHOUT-OUT TO THEM  
16 BECAUSE THEY HAVE MADE IT POSSIBLE TO DO ALL THIS.

17 AND SO WITH THAT, WE DO PLAN TO HAVE A  
18 DRAFT STRATEGIC PLAN BROUGHT TO YOU FOR INPUT AND  
19 DISCUSSION IN OCTOBER AT THE BOARD MEETING SO THAT  
20 WE CAN BRING A STRATEGIC PLAN FOR APPROVAL IN  
21 DECEMBER OF THIS YEAR.

22 NEXT SLIDE PLEASE, SHYAM. OKAY. SO I  
23 WANTED TO SHARE THIS SCREEN SHOT. THIS WAS THE  
24 WIND-DOWN TEAM. THIS IS US LAST YEAR DURING THOSE  
25 TIMES OF UNCERTAINTY AND STILL WORKING. WE WERE,

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1 EVEN BEFORE WE KNEW WE WERE GOING TO BE REFUNDED, WE  
2 WERE ALREADY WORKING ON THE STRATEGIC PLAN. DURING  
3 THE COVID CRISIS, WE HAD AN EMERGENCY COVID ROUND  
4 THAT STARTED WITH A CALL BETWEEN ME AND J.T. ON A  
5 WEEKEND. AND WITHIN A WEEK THIS TEAM, THIS  
6 LEADERSHIP TEAM, THE CIRM TEAM, WAS ABLE TO GET A  
7 CONCEPT PLAN AND LAUNCH OUR COVID FUNDING ROUNDS,  
8 WHICH IS REMARKABLE. SO THIS IS THE CIRM WIND-DOWN  
9 TEAM, AND IT WAS A WIND-DOWN TEAM, BUT WE NEVER  
10 SLOWED DOWN. AND IT'S ALSO THE PROP 14 LAUNCH TEAM.

11 IN THE MIDDLE THERE IS DENISE, WHO WAS OUR  
12 DIRECTOR OF HR WHO SERVED US VERY WELL ALL THROUGH  
13 THE WIND-DOWN. SHE FINALLY HAD TO RETIRE. SHE JUST  
14 GAVE HER ALL. I HAVE TO THANK ALL OF OUR RETIREES  
15 AND OUR RETIRED ANNUITANTS, CHILA SILVA-MARTIN AND  
16 PAT OLSON, WHO ALL THROUGH THIS TIME AS RETIRED  
17 ANNUITANTS CONTINUED TO SERVE US. SO I REALLY WANT  
18 TO SHARE THE DEPTH OF GRATITUDE TO ALL OF OUR TEAM  
19 MEMBERS WHO BROUGHT US ALL THE WAY THROUGH THESE  
20 TIMES OF UNCERTAINTY AND REALLY NEVER GAVE UP. SO  
21 THANK YOU.

22 AND NOW, NEXT SLIDE PLEASE, IT'S MY GREAT  
23 PLEASURE TO INTRODUCE THE NEW TEAM MEMBERS. WE  
24 MENTIONED THAT THERE ARE TEN NEW TEAM MEMBERS. AND  
25 HERE'S PROOF. THESE ARE THEIR PICTURES. AND I'M

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1 GOING TO JUST REALLY KIND OF GO THROUGH ALL OF THEM.  
2 AND BECAUSE I DON'T WANT TO MISS KIND OF THEIR  
3 DESCRIPTIONS, WE'RE GOING TO GO BY CHRONOLOGICAL  
4 ORDER. CLAUDETTE MANDAC JOINED US ON APRIL 1ST AS  
5 PROJECT MANAGER OF REVIEW. AS YOU SAY, WE RESTARTED  
6 THE PILLAR PROGRAMS RIGHT AWAY. SHE JUST KIND OF  
7 HIT THE GROUND RUNNING ALONG WITH THE REST OF THIS  
8 HIGHLY FUNCTIONING, HIGHLY PRODUCTIVE REVIEW TEAM  
9 UNDER GIL SAMBRANO. CLAUDETTE COMES TO US FROM UCSF  
10 WHERE SHE MANAGED HUMAN SUBJECTS AND ALL THE  
11 ASSOCIATED PROCESSES TO THAT.

12 I MENTIONED MITRA HOOSHMAND, WHO IS OUR  
13 SENIOR SCIENCE OFFICER FOR SPECIAL PROJECTS AND  
14 STRATEGIC INITIATIVES. MITRA WAS THE SCIENTIFIC  
15 DIRECTOR FOR THE PROP 14 AMERICANS FOR CURES WHICH  
16 WAS INVOLVED IN PROP 14. MITRA HAS DEDICATED HER  
17 CAREER TO STEM CELLS. THIS IS WHERE SHE DID HER  
18 PH.D., AND HER RESEARCH WAS IN NEUROSCIENCE AND  
19 SPINAL CORD INJURY. AND WHEN SHE APPLIED FOR THE  
20 JOB, SHE SAID, "THIS IS WHERE I WANTED TO BE." AND  
21 WE ARE JUST SO PLEASED THAT MITRA IS HERE. SHE  
22 BRINGS AN INCREDIBLE WEALTH OF KNOWLEDGE AND SKILL  
23 TO THIS POSITION.

24 ON APRIL 19TH VANESSA SINGH, WHO HAS  
25 EXTENSIVE STATE SERVICE, HAS JOINED US AS OUR HR

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1     MANAGER, AND SHE'S BEEN JUST A REALLY WONDERFUL  
2     MEMBER OF THE TEAM, FEELS LIKE SHE'S ALREADY BEEN  
3     HERE FOR A WHILE. AS YOU CAN SEE, SHE PROBABLY, BY  
4     LOOKING AT THE NUMBER OF RECRUITS WE HAVE, SHE HAS  
5     BEEN VERY BUSY ALONG WITH THE REST OF THE TEAM.

6             I'M PLEASED TO ANNOUNCE POUNEH SIMPSON,  
7     OUR DIRECTOR OF FINANCE, WHO ALSO HAS EXTENSIVE  
8     STATE EXPERIENCE, JOINED US IN MAY. AND POUNEH IS A  
9     MEMBER OF THE LEADERSHIP TEAM. WE ARE SO PROUD AND  
10    SO HAPPY THAT SHE DECIDED TO JOIN US. AND SHE IS  
11    MISSION DRIVEN AND SO EXCITED FOR THIS PHASE.

12            I'M GOING TO LOOK AT -- BECAUSE THERE'S SO  
13    MANY MEMBERS, I NEED TO MAKE SURE THAT I TALK TO YOU  
14    ABOUT. SO POUNEH COMES TO US FROM THE GOVERNOR'S  
15    OFFICE OF EMERGENCY SERVICES WHERE SHE SERVED AS A  
16    RECOVERY FINANCIAL ADMINISTRATION CHIEF. AND SHE  
17    WAS PREVIOUSLY THE CHIEF FINANCIAL OFFICER FOR THE  
18    VETERANS HOME. SO SHE HAS EXTENSIVE EXPERIENCE WITH  
19    STATE AGENCIES AND CONTROL AGENCIES. SO WELCOME TO  
20    POUNEH.

21            AND THEN THE NEXT TWO ARE JOINING OUR  
22    GRANTS MANAGEMENT GROUP UNDER JENNIFER LEWIS,  
23    ALEXANDRA CARABALLO AND NELLIE ALMAZAN. BOTH ALSO  
24    BRING REALLY UNIQUE EXPERIENCES. ALEXANDRA HAS OVER  
25    TEN YEARS EXPERIENCE AT THE KAISER FOUNDATION

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1 HEALTHPLAN AS A NATIONAL PHILANTHROPY MANAGER.  
2 SHE'S AN MBA CANDIDATE AT THE UNIVERSITY OF DENVER.  
3 SHE SHOULD BE GETTING THAT SHORTLY.

4 NELLIE ALMAZAN STARTED JUST THE BEGINNING  
5 OF JUNE. SHE HAS TEN YEARS OF EXPERIENCE WITH THE  
6 DEPARTMENT OF TRANSPORTATION LOW CARB TRANSIT  
7 OPERATIONS PROGRAM. AND WHAT'S REALLY AMAZING ABOUT  
8 THAT IS NELLIE HAS BEEN INVOLVED IN HER PREVIOUS  
9 ROLE, IT WAS VERY MUCH A PRIORITY FOR THEM TO  
10 DETERMINE THAT DIVERSITY, EQUITY, AND INCLUSION  
11 COMPONENTS WHEN THEY RESOURCED DIFFERENT AREAS. SO  
12 SHE BRINGS A LOT OF KIND OF BACKGROUND AND  
13 INFORMATION AND KNOWLEDGE TO US IN THAT REGARD.

14 AND THEN I AM GOING TO INTRODUCE KEVIN  
15 MARKS. HOPEFULLY HE'S HERE. I'D LOVE FOR HIM TO  
16 JUST KIND OF SAY HELLO TO EVERYBODY AND SAY A FEW  
17 WORDS.

18 KEVIN MARKS IS OUR NEW GENERAL COUNSEL.  
19 WE ARE SO FORTUNATE. KEVIN BRINGS INDUSTRY BROADLY  
20 LEGAL AND IMPORTANTLY BUSINESS LEGAL LEADERSHIP  
21 EXPERIENCE FROM HIS OVER 20 YEARS AT ROCHE WHERE HE  
22 SERVED AS GENERAL COUNSEL IN A VARIETY OF  
23 CAPACITIES. WE ARE SO FORTUNATE TO HAVE IN KEVIN  
24 ALL WRAPPED UP THIS LEGAL KNOWLEDGE, BUSINESS  
25 KNOWLEDGE IN A PERSON WHO'S SO MISSION DRIVEN,

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1     EXCITED BY THE MEDICAL INNOVATION, AND THE CONTENT  
2     ITSELF. AND HE IS KNOWN TO PROMOTE DEI IN THE  
3     WORKPLACE. IN FACT, KEVIN WAS HONORED WITH A BAY  
4     AREA CORPORATE COUNCIL AWARD BY THE SILICON VALLEY  
5     BUSINESS JOURNAL IN 2019 FOR HIS LEADERSHIP. AND HE  
6     WAS NOTED TO HAVE A SOCIALLY PROGRESSIVE APPROACH.  
7     SO, IN ADDITION TO OVERSEEING THE LEGAL DEPARTMENT,  
8     KEVIN WILL ALSO OVERSEE HUMAN RESOURCES, GRANTS  
9     MANAGEMENT, AND OPERATIONS. KEVIN, IF YOU WOULDN'T  
10    MIND, PLEASE JUST SAY HELLO TO EVERYBODY AND SHARE A  
11    FEW WORDS.

12             DR. MARKS: THANKS, MARIA. AND WELCOME  
13    ME. IT'S NICE TO MEAN YOU VIRTUALLY, AND HOPEFULLY  
14    OVER THE NEXT FEW MONTHS, AS WE START TO REINTRODUCE  
15    IN-PERSON MEETINGS, I'LL GET AN OPPORTUNITY TO MEET  
16    A LOT OF THE BOARD MEMBERS.

17             INCREDIBLY EXCITED. AS MY FIRST WEEK OF  
18    STARTING HERE, DRINKING FROM THE FIRE HOSE, SO TO  
19    SPEAK, BUT HONESTLY CAN'T THINK OF A BETTER POSITION  
20    TO LAUNCH A NEW CHAPTER IN MY CAREER THAT REALLY  
21    MATCHES THE PASSIONS IN MY LIFE, WHICH IS ENSURING I  
22    STAYED IN LIFE SCIENCES AND EXPLORING SOLUTIONS FOR  
23    PATIENTS, INCREASING MY ROLE IN PUBLIC SERVICE,  
24    WHICH HAS BEEN AN INCREASED PASSION OF MINE OVER THE  
25    LAST FEW YEARS, AND, FINALLY, AS MARIA MENTIONED, A

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1 COMMITMENT TO DEI, NOT ONLY IN THE WORKPLACE, BUT  
2 ALSO FROM A SOCIETAL PERSPECTIVE.

3 SO AS YOU CAN TELL, I DON'T KNOW IF YOU  
4 CAN SEE ME ON VIDEO, I'VE GOT MY SLEEVES ALREADY  
5 ROLLED UP. I AM READY TO GO AND VERY EXCITED.  
6 THANK YOU VERY MUCH.

7 DR. MILLAN: THANK YOU SO MUCH, KEVIN.  
8 AND SO I ALSO WANT, IN A FEW MOMENTS, IT'S NOT GOING  
9 TO BE A NEW TEAM MEMBER, BUT I WOULD LIKE ONE OF OUR  
10 LEGACY TEAM MEMBERS TO GIVE A COUPLE OF COMMENTS.  
11 SO MARIA BONNEVILLE, I WANT HER TO SAY A FEW WORDS.

12 WE ARE MIGRATING HUMAN RESOURCES AND I.T.  
13 INTO KEVIN'S GROUP. AND THE REASON WE ARE DOING  
14 THAT IS TO GET THE OPERATIONAL KIND OF COMPONENTS  
15 STREAMLINED IN THE AGENCY, BUT MOST IMPORTANTLY IS  
16 SO THAT WE CAN STRATEGICALLY ELEVATE AND GROW MARIA  
17 BONNEVILLE'S ROLE. ALL OF YOU KNOW HER. SHE'S JUST  
18 AN INSTRUMENTAL AND INVALUABLE MEMBER OF OUR TEAM  
19 WHO SERVES AS OUR BOARD EXECUTIVE DIRECTOR. MARIA  
20 BONNEVILLE WILL NOW CONCENTRATE ON THE BOARD AND  
21 BOARD GOVERNANCE AND SUBCOMMITTEES AND EVERYTHING  
22 ELSE WE NEED WITH THIS GROWING BOARD AND AMAZING AND  
23 AMBITIOUS INITIATIVES, INCLUDING THAT LED BY SENATOR  
24 TORRES AND THE ACCESSIBILITY AND AFFORDABILITY WORK  
25 GROUP, AS WELL AS GROWING A LOT WITH THE LEADERSHIP

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1 OF OUR BOARD MEMBER YSABEL DURON, OUR PUBLIC  
2 OUTREACH AND COMMUNITY OUTREACH THAT INTEGRATES AND  
3 ALIGNS WITH OUR SCIENTIFIC PROGRAMS AND THE ENTIRE  
4 MISSION. SO, MARIA BONNEVILLE, KNOWN TO EVERYBODY,  
5 IF YOU WOULDN'T MIND PLEASE SAYING JUST A FEW WORDS.

6 MS. BONNEVILLE: IT'S JUST BEEN SO  
7 WONDERFUL TO WORK WITH THE BOARD ALL THESE YEARS.  
8 IT'S HOW I STARTED AT CIRM WAS WORKING EXCLUSIVELY  
9 WITH THE BOARD. AND IT WAS -- IT'S ALWAYS JUST BEEN  
10 THE HIGHLIGHT OF MY JOB. SO I'M GLAD THAT IT GETS  
11 TO GROW AND CONTINUE, AND I'M REALLY EXCITED ABOUT  
12 FOCUSING MY ATTENTION ALSO ON PUBLIC OUTREACH,  
13 COMMUNICATIONS, AND REALLY WORKING WITH OUR ADVOCACY  
14 TEAMS INTERNALLY AND EXTERNALLY AND WORKING WITH  
15 EVERYONE. SO THANK YOU.

16 DR. MILLAN: THANK YOU SO MUCH, MARIA.

17 OKAY. AFTER THAT BRIEF BREAK, I'M GOING  
18 TO GO ON TO -- AS YOU CAN SEE, THIS IS A GOOD  
19 PROBLEM TO HAVE WHEN THE INTRODUCTIONS ARE ALMOST AS  
20 LONG AS J.T.'S WHEREASES FROM THE BEGINNING OF THE  
21 MEETING.

22 MR. TORRES: MARIA, I JUST WANTED TO  
23 ADD -- THIS IS ART -- I JUST WANTED TO ADD MY  
24 CONGRATULATIONS TO YOU AND TO THE LEADERSHIP TEAM  
25 AND, OF COURSE, TO MARIA BONNEVILLE WHOSE FAMILY

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1 I 'VE KNOWN FOR, GOD, OVER 30 YEARS. HER MOTHER AND  
2 I WORKED TOGETHER IN POLITICS YEARS AGO. AND TO SEE  
3 HER ABSOLUTELY BLOSSOM IN THIS NEW ROLE I THINK IS  
4 TERRIFIC.

5 I ALSO WANT TO SEND KUDOS FOR HIRING MITRA  
6 HOOSHMAND BECAUSE MITRA REALLY HAS EXTENSIVE  
7 RELATIONSHIP WITH PATIENT ADVOCATES STATEWIDE, WHICH  
8 I KNOW OF PERSONALLY BECAUSE I WORKED WITH HER ON MY  
9 OWN TIME AND VACATION TIME ON PROP 14. AND I THINK  
10 THAT SHE'S GOING TO ADD TREMENDOUSLY TO OUR EFFORT.  
11 AND TO BRING BACK THE OLD VETERANAS --

12 DR. MILLAN: OH, YOU'RE STEALING MY  
13 THUNDER, SENATOR.

14 MR. TORRES: WELL, I'M SORRY. ROSA  
15 CANET-AVILES --

16 DR. MILLAN: I'M GOING TO LET YOU TALK  
17 THERE.

18 MR. TORRES: WHEN I FIRST CAME IN 2009,  
19 THEY WERE MY BUDDIES. THEY WERE MY SUPPORT GROUP.  
20 AND I MISSED THEM WHEN THEY LEFT, AND I JUST CAN'T  
21 BELIEVE THEY'RE COMING BACK. IT'S THE FIRST TIME I  
22 HEARD THEY'RE COMING BACK. SO GREAT KUDOS TO YOU,  
23 MARIA. GOOD HIRES. THESE WOMEN ARE LEADERS, AND  
24 THEY'RE COMMITTED AND THEY'RE PASSIONATE AND THEY'RE  
25 LOYAL TO THE MISSION. SO CONGRATULATIONS.

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1 DR. MILLAN: THANK YOU SO MUCH, SENATOR  
2 TORRES. ALWAYS WONDERFUL TO HAVE YOUR SUPPORT.

3 AND NOW MICHAEL BUNCH JOINED US JUST THIS  
4 PAST TUESDAY, A DAY AFTER KEVIN MARKS JOINED US. HE  
5 IS INTO OUR FINANCE GROUP, HIRED BY PUNEH SIMPSON,  
6 ALREADY AT WORK. HE COMES TO US FROM THE CALIFORNIA  
7 DEPARTMENT OF VETERANS AFFAIRS WHERE HE WAS CHIEF  
8 BUSINESS OFFICER OF THE YOUNTVILLE VETERANS HOME.  
9 MICHAEL WILL BE OUR BUSINESS SERVICES OFFICER. WE  
10 ARE SO PLEASED TO HAVE HIM. HE IS A DECORATED U.S.  
11 ARMY VETERAN WHO SERVED FOR DISTINGUISHED SERVICE  
12 FOR 25 YEARS. WELCOME, MICHAEL.

13 NOW TWO RETURNED TEAM MEMBERS WHO ART  
14 ALLUDED TO ARE ROSA CANET-AVILES, WHO WILL BE  
15 JOINING US NEXT WEEK. ROSA WILL BE OUR NEW VICE  
16 PRESIDENT OF SCIENTIFIC PROGRAMS. WE ARE SO  
17 THRILLED THAT SHE'S JOINING US, AND IT'S A TIMELY  
18 RETURN TO CIRM AS WE BUILD OUR NEW STRATEGIC PLAN  
19 UNDER PROP 14. ROSA AND I HAVE KEPT IN TOUCH  
20 THROUGH THE YEARS, AND TIME AND TIME AGAIN SHE'S  
21 DEMONSTRATED A UNIQUE ABILITY TO BRING TOGETHER  
22 OFTEN SEEMINGLY DISPARATE STAKEHOLDERS, SOMETIMES  
23 WITH ACTUALLY COMPETING INTERESTS, BUT SUCCESSFULLY  
24 DRIVING TOWARD A COMMON GOAL OF ADVANCING THE  
25 SCIENCE ON BEHALF OF PATIENTS WITH NEURODEGENERATIVE

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1 DISEASES AND NEUROPSYCHIATRIC DISEASES.

2 BEFORE SHE LEFT CIRM THE FIRST TIME, SHE  
3 ACTUALLY ASSEMBLED A KEY GROUP OF INTERNATIONAL  
4 LEADERS THAT LED TO WHAT'S CALLED G FORCE, AN  
5 INTERNATIONAL PARKINSON'S DISEASE CONSORTIUM. AND  
6 SOME OF THOSE PROGRAMS HAVE ALREADY STARTED TO GET  
7 INTO THE CLINICAL TRIAL. AT THE FOUNDATION FOR THE  
8 NIH, WHERE SHE WENT TO AFTER CIRM, SHE DIRECTED THE  
9 DEVELOPMENT OF FIVE PROMINENT PUBLIC-PRIVATE  
10 PARTNERSHIPS CALLED AMP'S, ADVANCING MEDICAL  
11 PARTNERSHIPS, IN ALZHEIMER'S, PARKINSON'S DISEASE,  
12 SCHIZOPHRENIA, AS WELL AS OTHER BIOMARKER CONSORTIA.  
13 SHE IS A NEUROSCIENTIST BY TRAINING AND HELD IN HIGH  
14 REGARD.

15 I DID HER -- I SPOKE TO AT LEAST THREE OR  
16 FOUR COLLEAGUES IN TOP POSITIONS AT THE NIH, AND ALL  
17 OF THEM HAD THE MOST AMAZING THINGS TO SAY ABOUT  
18 ROSA, BUT SPECIFICALLY THAT SHE'S A QUICK STUDY.  
19 NOT ONLY WAS SHE ABLE TO BRING PEOPLE TOGETHER AND  
20 DEPLOY HER EXPERTISE IN NEUROSCIENCE, SHE LED AN  
21 EVEN NEW AREA SUCH AS GENOMICS AND DATA SCIENCES AND  
22 WAS ABLE TO OPERATIONALLY MAKE SURE THAT THAT WAS  
23 SOMETHING THAT COULD GO FORWARD FOR THOSE  
24 INITIATIVES.

25 AND THEN, FINALLY, UTA GRIESHAMMER, WHO

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1 WAS RECRUITED INTO ROSA'S GROUP, WILL BE JOINING US  
2 SHORTLY AFTER ROSA. UTA IS ALSO A HIGHLY RESPECTED  
3 AND BELOVED FORMER TEAM CIRM MEMBER AND NOW SHE'S  
4 COMING BACK TO JOIN TEAM CIRM. SHE IS A DEVELOPMENT  
5 BIOLOGIST WITH EXTENSIVE EXPERTISE IN STEM CELL  
6 BIOLOGY AND MOLECULAR AND CELLULAR MECHANISMS OF  
7 EMBRYONIC DEVELOPMENT IN CANCER. SHE ALSO HAS  
8 ADDITIONAL EXPERTISE IN GENETICS, GENOMICS,  
9 PRECISION MEDICINE. IN FACT, SHE JOINED ATUL BUTTE  
10 IN HIS PRECISION MEDICINE INITIATIVE AT UCSF.  
11 THAT'S WHERE SHE HAD GONE IN 2015. AND THEN SINCE  
12 THEN, SHE'S BEEN AT THE UC OFFICE OF THE PRESIDENT  
13 AS A PROGRAM OFFICER FOR TOBACCO-RELATED DISEASE  
14 RESEARCH.

15 UTA IS THE REASON THAT WE HAVE OUR  
16 GENOMICS CENTERS OF EXCELLENCE, STEM CELL CENTERS OF  
17 EXCELLENCE, AND OUR IPSC BANK. SHE TOOK THAT FROM  
18 CONCEPT TO MANAGEMENT. SO WE ARE REALLY PLEASED  
19 THAT SHE WILL BE BACK WITH US.

20 WE ACTUALLY HAVE ADDITIONAL POSITIONS  
21 POSTED. SO YOU WILL BE HEARING ABOUT MORE TEAM  
22 MEMBERS. EVERY SINGLE ONE OF THESE NEW TEAM MEMBERS  
23 HAS ON-BOARDED AND HAS HIT THE GROUND RUNNING, AND  
24 WE ARE JUST SO FORTUNATE TO HAVE THEM. THANK YOU.

25 NEXT SLIDE PLEASE. THAT'S IT. SO THIS IS

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1 MY TIME TO INTRODUCE SHYAM PATEL, OUR DIRECTOR OF  
2 BUSINESS DEVELOPMENT, WHO WILL BE GIVING AN UPDATE  
3 ON OUR INDUSTRY PARTNERSHIP AS WELL AS THE WORKSHOPS  
4 THAT HAVE TAKEN PLACE IN THESE PAST SIX MONTHS TO  
5 INFORM OUR STRATEGIC PLANNING PROCESS. SHYAM, HE'S  
6 ALSO MY SLIDE ADVANCER. THANK YOU, SHYAM.

7 DR. PATEL: THANK YOU, DR. MILLAN. AND  
8 THANK YOU TO CHAIRMAN THOMAS AND ICOC FOR GIVING ME  
9 THIS OPPORTUNITY TO SPEAK TO YOU TODAY.

10 SO BEFORE I BEGIN, WHEREAS I CANNOT  
11 RELIABLY PRONOUNCE THE WORD "STRATEGIC," I'LL BE  
12 USING THE WORD STRETCH, AND I HOPE THAT YOU WILL  
13 PARDON THIS SHORTHAND THROUGHOUT MY PRESENTATION.

14 SO AS MARIA MENTIONED, I'LL BE TALKING TO  
15 YOU ABOUT THE BUSINESS DEVELOPMENT UPDATE AS WELL AS  
16 TWO WORKSHOPS THAT ARE INFORMING OUR STRAP PLANNING  
17 PROCESS. SO AS BOTH CHAIRMAN THOMAS AND MARIA  
18 MILLAN HAVE MENTIONED, CIRM'S FUNDING MODEL IS  
19 DESIGNED TO ACCELERATE AND DERISK THE DEVELOPMENT OF  
20 NOVEL THERAPIES UNTIL THEY CAN ATTRACT INDUSTRY  
21 SUPPORT, WHICH COULD BE IN THE FORM OF TECHNOLOGY  
22 LICENSING, INVESTMENTS, STRATEGIC PARTNERSHIPS, OR  
23 MERGERS AND ACQUISITIONS. IT'S ALSO CRITICAL THAT  
24 THIS INDUSTRY SUPPORT IS SUSTAINED AND ESCALATED AS  
25 THE PROJECTS ADVANCE IN THEIR DEVELOPMENT.

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1 WE TRACK SEVERAL DIFFERENT MEASURES OF  
2 INDUSTRY SUPPORT IN CIRM-FUNDED PROGRAMS. I'D LIKE  
3 TO HIGHLIGHT SOME OF THEM FOR YOU HERE. SO FIRST OF  
4 ALL, OVER 50 PERCENT OF CIRM CLINICAL PROGRAMS ARE  
5 PARTNERED WITH INDUSTRY, AS MARIA MILLAN MENTIONED,  
6 AND AT A MINIMUM THEY'VE SECURED VENTURE BACKING.  
7 TO DATE SIX CIRM-FUNDED COMPANIES HAVE GONE PUBLIC  
8 EITHER VIA IPO'S OR SPECIAL PURPOSE ACQUISITION  
9 COMPANIES, OR SPACS, AND FOUR CIRM-FUNDED COMPANIES  
10 WERE ACQUIRED BY BIOPHARMA PARTNERS. THIS HAS ALL  
11 HAPPENED WHILE THEY HAD CIRM AWARDS OR AFTER THEIR  
12 CIRM AWARDS.

13 CIRM FUNDING OF EARLY INNOVATIVE RESEARCH  
14 AT ACADEMIC INSTITUTIONS HAS ALSO CONTRIBUTED TO THE  
15 LAUNCH OF OVER 46 COMPANIES, SOME OF WHICH HAVE GONE  
16 ON TO RECEIVE THEIR OWN CIRM GRANTS. AND TO DATE  
17 CIRM-FUNDED PROJECTS HAVE ATTRACTED AT LEAST \$18.2  
18 DOLLARS IN INDUSTRY SUPPORT, AND THIS WILL CONTINUE  
19 TO GROW AS THE PROJECTS MATURE AND WE ADD TO THE  
20 PIPELINE.

21 WHILE INDUSTRY PARTNERING OF CIRM-FUNDED  
22 PROJECTS HAS THE POTENTIAL TO GENERATE RETURNS TO  
23 THE STATE, IT'S IMPORTANT TO NOTE THAT BOTH THE  
24 TIMING AND AMOUNT ARE DEPENDENT ON THE CIRM  
25 REGULATIONS GOVERNING THOSE AWARDS, THE STAGE OF THE

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1 PROJECT, AND, FINALLY, THE AMOUNT OF LICENSING OR  
2 SALES REVENUE THAT IS GENERATED. NOW, I GAVE YOU A  
3 WHOLE BUNCH OF NUMBERS. NOW I WANT TO GIVE YOU SOME  
4 CONTEXT BEHIND THOSE.

5 SO TO SHOW THE RANGE OF INDUSTRY  
6 PARTNERSHIPS AND SUSTAINED INDUSTRY INVESTMENT IN  
7 CIRM-FUNDED PROJECTS, I'M GOING TO HIGHLIGHT SOME OF  
8 THE EVENTS OF THE FIRST HALF OF 2021. TWO  
9 CIRM-FUNDED COMPANIES, CELULARITY AND JASPER, ARE  
10 BOTH GOING PUBLIC VIA SPAC MERGERS. THOSE ARE IN  
11 THE PROCESS RIGHT NOW, AND THAT'S GOING TO RESULT IN  
12 THEM HAVING SIGNIFICANT PROCEEDS TO CONTINUE  
13 DEVELOPMENT OF THEIR CELL THERAPIES AND CONDITIONING  
14 THERAPIES.

15 CIRM AND NHLBI FUNDED DR. PORTEOUS'  
16 IND-ENABLING STUDIES OF A CRISPR GENE CORRECTION  
17 THERAPY FOR SICKLE CELL DISEASE AT STANFORD.

18 GRAPHITE BIO OFFICIALLY LAUNCHED LAST YEAR  
19 TO CONTINUE THE CLINICAL DEVELOPMENT OF THIS THERAPY  
20 AS WELL AS ANOTHER CIRM-FUNDED THERAPY, AND THAT  
21 SICKLE CELL DISEASE GENE CORRECTION THERAPY IS IN  
22 THE CLINIC NOW. IN ABOUT A 14-MONTH SPAN, THE  
23 COMPANY HAS RAISED TWO LARGE VENTURE FINANCING  
24 ROUNDS, INCLUDING \$150 MILLION SERIES B, AND IT  
25 RECENTLY FILED AN S1 WITH THE SEC TO GO PUBLIC. SO

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1 THIS COMPANY IS ON A FAST TRACK, AND THAT WAS PARTLY  
2 ENABLED BY CIRM HAVING FUNDED THE ABILITY TO GET TO  
3 THE CLINIC WITH THIS CRISPR GENE THERAPY.

4 ALREADY PUBLIC COMPANIES LIKE LINEAGE CELL  
5 THERAPEUTICS CONTINUE TO RAISE ADDITIONAL FUNDING IN  
6 THE PUBLIC MARKET TO SUPPORT CLINICAL DEVELOPMENT OF  
7 THE CELL THERAPY PIPELINES, INCLUDING THE SPINAL  
8 CORD INJURY CELL THERAPY CANDIDATE THAT CIRM HAS  
9 FUNDED IN THE PAST.

10 AND, FINALLY, AS MANY OF YOU HAVE SEEN IN  
11 THE NEWS REPEATEDLY, START-UPS CONTINUE TO RAISE  
12 SIGNIFICANT SERIES A FINANCING AS ILLUSTRATED BY  
13 APPIA BIO. CIRM FUNDING HELPED DR. LILI YANG AT  
14 UCLA DEVELOP STEM CELL ENGINEERING TECHNOLOGY THAT  
15 GENERATES INKT-CELLS FOR CANCER THERAPIES, AND THIS  
16 HAS CONTRIBUTED TO LAUNCH THE FEMALE FOUNDED, FEMALE  
17 LED COMPANY APPIA BIO. THE COMPANY RAISED \$52  
18 MILLION IN SERIES A FINANCING LED BY CIRM'S INDUSTRY  
19 ALLIANCE PARTNER 8VC, WHICH ALSO LED ITS SEED  
20 FUNDING, WHICH BRINGS ME TO THE INDUSTRY ALLIANCE  
21 PROGRAM.

22 SO THIS WAS LAUNCHED A COUPLE OF YEARS AGO  
23 TO BUILD A COLLABORATIVE NETWORK OF INDUSTRY  
24 PARTNERS THAT FACILITATES PARTNERING OPPORTUNITIES  
25 FOR CIRM GRANTEES. SO ESSENTIALLY WHAT THIS MEANS

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1 IS THAT A CIRM BD TEAM ASSISTS BOTH CIRM GRANTEES  
2 AND THE INDUSTRY PARTNERS THROUGHOUT THE ENTIRE  
3 PROCESS AS NEEDED, RANGING FROM MAKING INTRODUCTIONS  
4 ON PARTNERING OPPORTUNITIES AND ASSISTING THEM ALONG  
5 THE WAY UNTIL PARTNERING NEGOTIATIONS.

6 WE CURRENTLY HAVE NINE ACTIVE PARTNERS  
7 RANGING FROM BIG PHARMA BIOTECHS AND VENTURE CAPITAL  
8 FIRMS. THREE PARTNERS JOINED THIS YEAR AS PART OF  
9 OUR EXPANSION PLAN FOR THE IAP. THESE INCLUDE 8VC,  
10 ECLIPSE VENTURES, AND SYNTHEGO. 8VC IS A VENTURE  
11 CAPITAL FIRM WITH A TRACK RECORD OF INVESTING IN  
12 INNOVATIVE CELL AND GENE THERAPY COMPANIES SUCH AS  
13 LYELL, (UNINTELLIGIBLE) THERAPEUTICS, AND MAMMOTH  
14 BIO.

15 ECLIPSE VENTURES INVESTS IN COMPANIES THAT  
16 ARE DIGITIZING INDUSTRY SUCH AS DRUG MANUFACTURING,  
17 DEVICES, DIAGNOSTICS IN THE HEALTHCARE DELIVERY.

18 FINALLY, SYNTHEGO IS A LEADER IN GENE  
19 EDITING TECHNOLOGY, IPSC MODELS, AND MANUFACTURING  
20 AUTOMATION. GOING FORWARD, WE WILL CONTINUE TO  
21 CAREFULLY EXPAND THE IAP TO MEET THE NEEDS OF CIRM'S  
22 GROWING PORTFOLIO.

23 YOU MAY ALSO NOTICE A TREND, THAT THE  
24 THREE LATEST IAP PARTNERS ALL HAVE BLACK AND WHITE  
25 LOGOS. I TRIED TO DO THAT FOR THE CIRM LOGO AND IT

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1 JUST DIDN'T LOOK AS COOL AS THE BLUE AND ORANGE.  
2 SO THE BD TEAM HAS HOSTED THREE RECENT  
3 EVENTS THAT HAVE BROADLY INFORMED OUR STRAT PLANNING  
4 PROCESS. I DESCRIBED THE MEETING OF OUR IAP  
5 PARTNERS AT THE JANUARY ICOC MEETING. HERE I'LL  
6 DESCRIBE TWO MORE RECENT EVENTS. IN MARCH CIRM AND  
7 BIOCOM HOSTED A UNIQUE THREE-PART PARTNERING EVENT,  
8 AND IT WAS THE FIRST TIME THAT EITHER CIRM OR BIOCOM  
9 HAD DONE SOMETHING LIKE THIS.

10 CIRM AND BIOCOM FIRST HOSTED A PUBLIC  
11 PLENARY SESSION TO INFORM A BROAD AUDIENCE OF CIRM'S  
12 FUNDING MODEL. TO BEST ILLUSTRATE THE IMPACT OF  
13 CIRM FUNDING, AFTER I HAD SPENT ABOUT 20, 30 MINUTES  
14 SPEAKING MYSELF, WE HOSTED TWO PANEL SESSIONS OF  
15 CIRM GRANTEES. THE FIRST SESSION CONSISTED OF  
16 COMPANY LEADERS DISCUSSING HOW CIRM FUNDING  
17 SUPPORTED THEIR COMPANY'S GROWTH IN INDUSTRY  
18 PARTNERING. COMPANIES SUCH AS JASPER, VIACYTE, AND  
19 POSEIDA HAVE EXPERIENCED SUBSTANTIAL GROWTH WHILE  
20 LEVERAGING CIRM FUNDING TO ADVANCE THEIR CLINICAL  
21 DEVELOPMENT OF THEIR PIPELINES. POSEIDA  
22 THERAPEUTICS HAS GONE PUBLIC WHILE IT WAS  
23 CIRM-FUNDED. JASPER IS ON ITS WAY, AND VIACYTE HAS  
24 CONTINUED TO RAISE ADDITIONAL VENTURE CAPITAL.  
25 ROCKET PHARMA, WHICH IS ALREADY A PUBLIC COMPANY

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1 WHEN IT APPLIED TO CIRM, HAS BENEFITED FROM CIRM  
2 FUNDING SUPPORT ON THREE OF ITS FIVE CLINICAL  
3 CANDIDATES.

4 THE SECOND SESSION CONSISTED OF ACADEMIC  
5 INNOVATORS DEVELOPING NOVEL THERAPIES SUCH AS  
6 IN-UTERO STEM CELL THERAPY FOR SPINA BIFIDA,  
7 IPSC-DERIVED CELL SHEETS FOR A RARE SKIN DISORDER,  
8 AND A STEM CELL THERAPY FOR HUNTINGTON'S DISEASE.

9 IN ADDITION TO THE FUNDING, THE PANEL HAS  
10 HIGHLIGHTED CIRM'S SUPPORT THROUGHOUT THEIR AWARDS  
11 STARTING WITH THE SCIENCE OFFICERS WHO CHAMPIONED  
12 THEIR PROJECTS AND CONTINUALLY ADVISED THEM ON  
13 PROJECT OBJECTIVES AND MILESTONES. IN FACT, THE  
14 MODERATORS OF THE SESSION WERE DR. LISA KADYK AND  
15 DR. KELLY SHEPARD, BOTH OF WHOM WERE SO'S ON THESE  
16 PROJECTS. AND THEN THE EXPERT TIMELY GUIDANCE OF  
17 THE CIRM ADVISORY PANEL IS ALSO NOTED AS BEING A  
18 HUGE VALUE ADD.

19 AND, FINALLY, THE BD TEAM SUPPORTED  
20 NAVIGATING PARTNERING DECISIONS.

21 THE VIDEO FROM THIS PLENARY SESSION IS  
22 HOSTED ON CIRM'S YOUTUBE CHANNEL FOR ANYBODY TO  
23 WATCH.

24 THE OTHER TWO PARTS OF THIS EVENT  
25 CONSISTED OF MATCHED ONE-ON-ONE MEETING

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1 OPPORTUNITIES BETWEEN 30 CIRM GRANTEES AND 20 BIOCOM  
2 INDUSTRY PARTNERS. WHILE NOT ALL OF THE GRANTEES  
3 WERE SELECTED FOR ONE-ON-ONE MEETINGS, SOME OF THOSE  
4 WHO DID WENT ON TO HAVE PRODUCTIVE FOLLOW-ON  
5 MEETINGS. SIMILARLY, WHILE NOT ALL INDUSTRY  
6 PARTNERS CHOSE TO MEET WITH CIRM GRANTEES, THEY  
7 LEARNED ABOUT CIRM'S FUNDING MODEL AND THE BREADTH  
8 OF OUR PROJECT PORTFOLIO, AND MOST OF THEM HAVE  
9 REQUESTED TO STAY ENGAGED GOING FORWARD, WHICH IS  
10 GREAT NEWS FOR US.

11 FINALLY, THE EVENT ENABLED PARTICIPANTS  
12 INTERESTED IN CIRM FUNDING TO REQUEST MEETINGS WITH  
13 CIRM TEAM MEMBERS. THE CIRM TEAM IS INTERACTIVE  
14 WITH ALMOST ALL OF THESE REQUESTERS. THANK YOU TO  
15 THE SO'S FOR DOING THAT.

16 OVERALL THIS PARTNERING EVENT HAS FURTHER  
17 INFORMED HOW WE CAN BEST SUPPORT OUR GRANTEES, AND  
18 THE LEARNINGS ARE BEING INCORPORATED INTO OUR STRAT  
19 PLANNING PROCESS AS WELL AS THE BD TEAM'S LONG-TERM  
20 GOALS.

21 MORE RECENTLY IN APRIL WE HOSTED A FOCUSED  
22 WORKSHOP ON THE CRITICAL TOPIC OF CELL AND GENE  
23 THERAPY MANUFACTURING, WHICH CONTINUES TO POSE  
24 SIGNIFICANT PROJECT RISKS ACROSS THE ENTIRE FIELD.  
25 BOTH CHAIRMAN THOMAS AND DR. MILLAN MENTIONED THIS

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1 WORKSHOP. SO IN RECENT YEARS, AS MANY OF YOU KNOW,  
2 MARKETING APPROVALS OF SEVERAL LATE STAGE CELL AND  
3 GENE THERAPIES HAVE STALLED DUE TO MANUFACTURING  
4 DEFICIENCIES. THIS FOCUSED WORKSHOP WAS INTENDED TO  
5 INFORM HOW CIRM CAN LEAD THE DEVELOPMENT OF  
6 COLLABORATIVE SOLUTIONS FOR CELL AND GENE THERAPY  
7 MANUFACTURING IN CALIFORNIA TO HELP DERISK THAT  
8 PROCESS AND HELP ENSURE THAT OUR PROJECTS CONTINUE  
9 TO MOVE FORWARD SMOOTHLY.

10 IT WAS CENTERED AROUND A VISION OF A  
11 CIRM-SUPPORTED MANUFACTURING NETWORK OF ACADEMIC AND  
12 INDUSTRY STAKEHOLDERS. THE WORKSHOP WAS ATTENDED BY  
13 OVER 50 LEADERS IN CELL AND GENE THERAPY  
14 MANUFACTURING REPRESENTING GMP MANUFACTURING  
15 FACILITIES, SUPPLY CHAIN PARTNERS, TECHNOLOGY  
16 PLATFORMS, CIRM GRANTEES, COMMUNITY COLLEGES AND  
17 UNIVERSITIES, AND EXPERT CONSULTING GROUPS. AND WE  
18 TRIED TO GET ALL 50 OF THOSE PARTICIPANTS TO SPEAK,  
19 AND WE CALLED ON MANY OF THEM TO MAKE SURE THAT WE  
20 GOT THEIR RESPONSES.

21 THE WORKSHOP WAS COMPOSED OF THREE  
22 SESSIONS. THE FIRST SESSION HONED IN AT THE PROJECT  
23 LEVEL AND DISCUSSED BEST MANUFACTURING PRACTICES AT  
24 ALL STAGES OF CELL AND GENE THERAPY DEVELOPMENT.  
25 THE SECOND SESSION FOCUSED ON ENCOURAGING DEEP

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1 COLLABORATION BETWEEN ALL PARTICIPANTS IN A  
2 CALIFORNIA PUBLIC-PRIVATE MANUFACTURING NETWORK.  
3 AND THE FINAL SESSION EXPLORED HOW TO EFFECTIVELY  
4 SUPPORT DEVELOPMENT OF A DIVERSE MANUFACTURING  
5 WORKFORCE IN CALIFORNIA. THAT HAD BY FAR THE MOST  
6 ROBUST DISCUSSION OF ALL THE SESSIONS TO DATE.

7 WE HAVE PREPARED A BRIEF SUMMARY OF THE  
8 WORKSHOP THAT IS PUBLICLY POSTED TO THIS MEETING'S  
9 AGENDA AND WILL ALSO BE AVAILABLE ON CIRM'S WEBSITE.  
10 I'LL BRIEFLY DISCUSS THE KEY TAKEAWAYS HERE.

11 SO ACADEMIC RESEARCHERS PLAY A CRITICAL  
12 ROLE IN CELL AND GENE THERAPY DISCOVERY AND  
13 DEVELOPMENT. THEY ARE THE EARLY INNOVATORS OF  
14 TECHNOLOGY PLATFORMS, BUT THEY ALSO SHEPHERD THE  
15 TRANSLATIONAL DEVELOPMENT OF THERAPEUTIC CANDIDATES  
16 OFTEN INTO LATE CLINICAL DEVELOPMENT AS MANY OF YOU  
17 HAVE SEEN FROM THE AWARDS THAT WE FUND AT CIRM.

18 PARTICIPANTS NOTED THAT CIRM HAS  
19 CONSISTENTLY PROVIDED TRAINING AND RESOURCES TO HELP  
20 ITS INVESTIGATORS BUILD EXPERTISE AND EXPERIENCE IN  
21 TRANSLATIONAL DEVELOPMENT. CIRM CAN BUILD ON THIS  
22 AND LEAD THE WAY IN MANUFACTURING BY PROVIDING  
23 EDUCATION, TRAINING, AND RESOURCES TO THESE EARLY  
24 INVESTIGATORS THAT BEST ENABLES THEM TO ADOPT BEST  
25 PRACTICES AT THE VERY EARLY STAGES OF CELL AND GENE

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1 THERAPY DEVELOPMENT. FOR EXAMPLE, BY ENCOURAGING  
2 LONG-TERM PROJECT PLANNING AND INCORPORATING  
3 ELEMENTS OF QUALITY BY DESIGN, A TERM YOU'RE GOING  
4 TO HEAR MORE AND MORE FROM US GOING FORWARD, CIRM  
5 CAN HELP MANUFACTURING DEVELOPMENT KEEP PACE WITH  
6 CLINICAL DEVELOPMENT TO HELP DERISK THESE PROJECTS  
7 IN GENERAL AND TO IMPROVE THE OVERALL QUALITY OF THE  
8 DRUG PRODUCT.

9 THE PARTICIPANTS ARE BROADLY SUPPORTIVE OF  
10 THE IDEA OF A COLLABORATIVE MANUFACTURING NETWORK IN  
11 CALIFORNIA. THEY DISCUSSED HOW IT WOULD SUPPORT ALL  
12 STAGES OF CELL AND GENE THERAPY MANUFACTURING,  
13 PROMOTE COMPETENCIES AND STANDARDIZATION, AND  
14 SUPPORT WORKFORCE DEVELOPMENT. A LARGE PROPORTION  
15 OF CIRM-FUNDED PROJECTS, AS YOU KNOW, ARE SUPPORTED  
16 BY ACADEMIC GMP MANUFACTURING FACILITIES THROUGHOUT  
17 THE STATE. CIRM CAN HELP CREATE ACADEMIC GMP  
18 MANUFACTURING CENTERS OF EXCELLENCE THAT SHARE,  
19 DEVELOP, AND STANDARDIZE MANUFACTURING AND  
20 ANALYTICAL METHODS. THESE ACADEMIC CENTERS COULD  
21 FORM THE NETWORK CORE WHICH WOULD THEN WORK HAND IN  
22 HAND WITH INDUSTRY STAKEHOLDERS TO ACHIEVE THE GOALS  
23 OF THE NETWORK AND RAPIDLY ADVANCE CELL AND GENE  
24 THERAPIES TO PATIENTS.

25 CIRM COULD ALSO HELP ESTABLISH COMPETENCY

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1 HUBS FOR TECHNOLOGY PLATFORMS. THE COMPETENCY HUBS  
2 CAN BE PARTICULARLY IMPACTFUL FOR RARE DISEASE  
3 THERAPIES BASED ON A COMMON TECHNOLOGY PLATFORM SUCH  
4 AS CRISPR, FOR EXAMPLE. THE HUBS WOULD ACT AS  
5 KNOWLEDGE NETWORKS THAT AGGREGATE DATA AND KNOW-HOW  
6 GAINED FROM TRANSLATIONAL RESEARCH, MANUFACTURING,  
7 AND CLINICAL DEVELOPMENT OF INDIVIDUAL CELL AND GENE  
8 THERAPY CANDIDATES TO ADVANCE THE ENTIRE TECHNOLOGY  
9 PLATFORM. THE LESSON LEARNED FROM INDIVIDUAL  
10 THERAPIES AND SMALL CLINICAL TRIALS WOULD ALL BE  
11 COMPOUNDED TO ADVANCE THE ENTIRE PLATFORM AND ANY  
12 SUBSEQUENT THERAPIES THAT MAY COME AFTER THAT.

13 FINALLY, THE WORKFORCE DEVELOPMENT SESSION  
14 ENCOURAGED A ROBUST DISCUSSION ON ALL WAYS THAT CIRM  
15 CAN ENCOURAGE COLLABORATIONS BETWEEN COMMUNITY  
16 COLLEGES, UNIVERSITIES, MANUFACTURING FACILITIES,  
17 AND INDUSTRY STAKEHOLDERS. IN PARTICULAR, CIRM CAN  
18 USE ITS EDUCATION AND INFRASTRUCTURE PILLARS TO HELP  
19 THESE STAKEHOLDERS LEVERAGE EACH OTHER'S STRENGTHS  
20 AND DEVELOP INNOVATIVE, HANDS-ON TRAINING PROGRAMS  
21 FOR CELL AND GENE THERAPY MANUFACTURING. THESE  
22 PROGRAMS WOULD BE SPECIFICALLY DESIGNED TO RAPIDLY  
23 AND EQUITABLY PREPARE DIVERSE STUDENT COHORTS TO  
24 ENTER OR ADVANCE IN A WIDE RANGE OF CAREER PATHWAYS.  
25 THIS COULD RANGE FROM TECHNICIAN LEVEL TO PROCESS

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1 DEVELOPMENT AND QUALITY ASSURANCE.

2 ON THE WHOLE THE FEEDBACK FROM THIS  
3 WORKSHOP IS INFORMING CIRM HOW TO PRIORITIZE  
4 MANUFACTURING DEVELOPMENT IN ITS PIPELINE FUNDING  
5 PROGRAMS, HOW TO SUPPORT PUBLIC-PRIVATE  
6 MANUFACTURING NETWORKS IN CALIFORNIA, AND HOW TO  
7 LEVERAGE EDUCATION AND INFRASTRUCTURE PILLARS TO  
8 FUND INNOVATIVE WORKFORCE DEVELOPMENT PROGRAMS.

9 I DON'T HAVE AN ENDING SLIDE, BUT THANK  
10 YOU VERY MUCH FOR YOUR TIME, AND I'M HAPPY TO TAKE  
11 ANY QUESTIONS.

12 CHAIRMAN THOMAS: THANK YOU, SHYAM. THAT  
13 WAS A VERY COMPREHENSIVE REPORT, AND I HOPE  
14 EVERYBODY CAN APPRECIATE, NOT ONLY THE EXTREME  
15 AMOUNT OF WORK BEING PUT IN BY SHYAM AND THE  
16 BUSINESS DEVELOPMENT TEAM, BUT THE GREAT PROGRESS  
17 THAT WE'VE MADE IN ACHIEVING OUR GOALS OF ADVANCING  
18 OUR PROJECTS TO INDUSTRY COLLABORATION. IT'S A WORK  
19 IN PROGRESS THAT HAS SEEN GREAT SUCCESS AND  
20 UNDOUBTEDLY WILL ONLY INCREASE AS WE CONTINUE TO  
21 MARCH ALONG HERE UNDER PROP 14 GOING FORWARD.

22 THANK YOU ALSO, DR. MILLAN, FOR THAT  
23 EXCELLENT PRESIDENT'S REPORT AND FOR ALL THE WORK  
24 THAT YOU AND THE TEAM ARE SPEARHEADING THIS YEAR,  
25 WHICH IS AN EXTREME AMOUNT OF WORK AND GREATLY

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1 APPRECIATED.

2 AND A SPECIAL NOTE. WELCOME TO ALL OF OUR  
3 NEW OR RETURNING MEMBERS OF THE CIRM TEAM THAT ARE  
4 ALL WORLD-CLASS HIRES AND APPOINTMENTS, AND WE LOOK  
5 FORWARD TO WORKING WITH YOU GOING FORWARD. SO  
6 THANKS TO BOTH OF YOU.

7 OKAY. LET US NOW GO TO OUR ACTION ITEMS.  
8 WE'RE GOING TO TAKE ONE OUT OF ORDER. I'M GOING TO  
9 START WITH NO. 12, WHICH IS CONSIDERATION OF  
10 APPLICATIONS SUBMITTED IN RESPONSE TO CLINICAL TRIAL  
11 STAGE PROJECTS PROGRAM ANNOUNCEMENT, CLIN1, 2, AND  
12 3. THIS WILL BE PRESENTED BY DR. SAMBRANO. GIL.

13 DR. SAMBRANO: OKAY. GOOD MORNING,  
14 EVERYONE. SO I'M GOING TO BE PRESENTING AND SHARING  
15 MY SCREEN. GIVE ME ONE MOMENT. ALL RIGHT. SO  
16 THESE ARE THE GRANTS WORKING GROUP RECOMMENDATIONS  
17 FOR THE LATEST CYCLE OF THE CLINICAL PROGRAM. AND  
18 JUST FOR REFERENCE, OUR CLINICAL STAGE PROGRAMS  
19 OFFER OPPORTUNITIES FOR LATE STAGE PRECLINICAL  
20 PROJECTS, WHICH WE CALL CLIN1, FOR CLINICAL TRIAL  
21 STAGE PROJECTS, WHICH WE CALL CLIN2, AND THEN FOR  
22 ACCELERATING ACTIVITIES THAT WOULD LEAD TO  
23 REGISTRATION OF A PRODUCT OR THE TRIAL, AND WE CALL  
24 THAT A CLIN3.

25 SO THIS IS FOR A CLIN2 APPLICATION THAT

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1 WAS RECEIVED FOR THIS PARTICULAR CYCLE, AND THIS  
2 SLIDE IS JUST SHOWING YOU THE REFERENCE TO THE  
3 OVERALL ANNUAL ALLOCATION THAT WE MADE FOR THE  
4 PERIOD OF JANUARY THROUGH JUNE OF 2021. THERE WERE  
5 \$100 MILLION THAT WERE ALLOCATED FOR THE CLINICAL  
6 PROGRAM. THE AMOUNT THAT'S REQUESTED TODAY UNDER  
7 THIS PARTICULAR APPLICATION IS JUST UNDER 12  
8 MILLION. AND WE HAVE HAD THE BOARD APPROVE TWO  
9 PREVIOUS GRANTS FOR A TOTAL OF 14.4. SO WE ARE  
10 STILL WELL WITHIN THE ALLOCATION THAT WAS APPROVED.

11 JUST A BRIEF OVERVIEW OF THE REVIEW  
12 CRITERIA THAT THE GRANTS WORKING GROUP UTILIZES TO  
13 ASSESS THE SCIENTIFIC MERIT OF THESE APPLICATIONS.  
14 THEY CONSIDER THESE FIVE QUESTIONS IN THEIR  
15 EVALUATION. FIRST, DOES THE PROJECT HOLD THE  
16 NECESSARY SIGNIFICANCE AND POTENTIAL FOR IMPACT,  
17 MEANING IS THIS SOMETHING THAT IS OF VALUE AND IS IT  
18 WORTH DOING? IS THE RATIONALE SOUND? IS THE  
19 PROJECT WELL-PLANNED AND DESIGNED? AND IS IT  
20 FEASIBLE; THAT IS, CAN THEY DO IT? DO THEY HAVE THE  
21 APPROPRIATE RESOURCES IN PLACE? DO THEY HAVE THE  
22 RIGHT TEAM MEMBERS AND QUALITY TEAM MEMBERS TO DO  
23 IT? AND THEN, FINALLY, DOES THE PROJECT ADDRESS THE  
24 NEEDS OF UNDERSERVED COMMUNITIES? AND IN PARTICULAR  
25 FOR CLINICAL TRIAL PROJECTS, CAN THEY PUT TOGETHER A

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1 GOOD OUTREACH AND RECRUITMENT PLAN TO INCLUDE A  
2 DIVERSE COHORT OF PATIENTS?

3 THE SCORING SYSTEM THAT IS USED FOR THAT  
4 SCIENTIFIC SCORE IS OF 1, 2, OR 3. AND SO THOSE  
5 APPLICATIONS THAT SCORE A 1 MEANS THAT THEY HAVE  
6 EXCEPTIONAL MERIT, WARRANT FUNDING. THERE MAY BE  
7 SOME MINOR RECOMMENDATIONS OR ADJUSTMENTS THAT DON'T  
8 REQUIRE FURTHER REVIEW BY THE GRANTS WORKING GROUP,  
9 BUT OTHERWISE GENERALLY IT IS READY TO GO.

10 THOSE THAT RECEIVE A SCORE OF 2 MEANS THEY  
11 NEED IMPROVEMENT AND WOULDN'T WARRANT FUNDING.  
12 THESE APPLICATIONS GET THE OPPORTUNITY TO REVISE  
13 THEIR APPLICATIONS AND COME BACK FOR ANOTHER GO AT  
14 THE GRANTS WORKING GROUP REVIEW.

15 AND THEN THOSE THAT RECEIVE A SCORE OF 3  
16 ARE THOSE THAT ARE SUFFICIENTLY FLAWED THAT THEY  
17 WOULD NOT WARRANT CONSIDERATION FOR AT LEAST SIX  
18 MONTHS, MEANING USUALLY THAT THEY HAVE A LOT MORE  
19 WORK TO DO BEFORE THEY COME BACK. SO THAT'S THE  
20 SYSTEM OF SCORING.

21 AND SO AS MENTIONED EARLIER, WE HAVE ALSO  
22 BEEN WORKING ON IMPLEMENTING AND INCLUDING DEI  
23 WITHIN OUR APPLICATION PROCESS, OUR REVIEW PROCESS,  
24 AND WE'VE BEEN DOING THIS IN A VARIETY OF WAYS. SO  
25 LAST YEAR WHEN WE STARTED THE COVID PROGRAM, THE

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1 COVID-19 OPPORTUNITY, WE INSERTED INTO ALL THE  
2 APPLICATIONS THAT FIFTH REVIEW CRITERIA ABOUT  
3 ADDRESSING THE NEEDS OF THE UNDERSERVED COMMUNITY.  
4 AND SO AS MENTIONED, THIS DESCRIBES THE APPLICANT'S  
5 PLAN FOR OUTREACH AND ENGAGEMENT OF A DIVERSE  
6 PATIENT COHORT THAT ACCOUNTS FOR RACIAL, ETHNIC, AND  
7 GENDER DIVERSITY AS PART OF THAT TRIAL. AND SO THIS  
8 IS CORE TO THE OVERALL CLINICAL TRIAL AND SCIENTIFIC  
9 PROGRAM. AND SO THE SCIENTIFIC MEMBERS OF THE PANEL  
10 INCLUDE THAT WITHIN THEIR MERIT SCORE OF 1, 2, OR 3  
11 WHEN THEY EVALUATE THESE APPLICATIONS.

12 BUT IN ADDITION, WE'VE ALSO INTRODUCED A  
13 MORE HOLISTIC SECTION ON DIVERSITY, EQUITY, AND  
14 INCLUSION WHICH SPEAKS TO THE TEAM ITSELF, THE  
15 COMPOSITION, THE TRACK RECORD OF THE TEAM, AND THEIR  
16 OVERALL COMMITMENT TO DEI. AND SO THIS SECTION IS  
17 EVALUATED AND SCORED BY THE PATIENT ADVOCATE OR  
18 NURSE MEMBERS OF THE BOARD. AND WE'VE DEVELOPED A  
19 SCORING SYSTEM OF ZERO TO TEN WITH TEN BEING THE  
20 BEST. AND SO WE ARE STILL PILOTING THIS IN THE CLIN  
21 PROGRAM, TRYING TO CLARIFY WHAT THE SPECIFIC REVIEW  
22 CRITERIA SHOULD BE, HOW TO MAKE SURE THAT  
23 INSTRUCTIONS ARE CLEAR BOTH TO THE APPLICANT AND TO  
24 REVIEWERS ABOUT HOW TO SCORE THAT. SO WE ARE STILL  
25 GOING THROUGH THAT, BUT YOU WILL SEE A SCORE THAT'S

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1 RELATED TO DEI FOR EACH OF THE APPLICATIONS OR THE  
2 ONE APPLICATION IN THIS CASE THAT I AM PRESENTING.

3 SO GETTING DOWN TO THIS SPECIFIC  
4 APPLICATION THAT IS BEING CONSIDERED, THIS IS  
5 CLIN2-12319.

6 CHAIRMAN THOMAS: GIL, IF I COULD JUST  
7 INTERRUPT FOR A SECOND. NOW THAT WE ARE HEADING  
8 INTO ACTUAL CONSIDERATION OF THIS AWARD, WE ARE SORT  
9 OF OFFICIALLY INTO THE APPLICATION REVIEW  
10 SUBCOMMITTEE. SO I'M GOING TO TURN THIS OVER TO OS  
11 AS YOU START THIS PRESENTATION. THANK YOU.

12 DR. STEWARD: THANK YOU, J.T., AND THANKS,  
13 GIL, FOR LEADING US INTO THIS.

14 SO MAYBE I'LL JUST SAY A WORD TO THE NEW  
15 MEMBERS. WE HAVE QUITE A FEW NEW MEMBERS WHO ARE IN  
16 FACT PART OF THE APPLICATION REVIEW SUBCOMMITTEE.  
17 YOU'LL BE THE ONES WHO ARE VOTING ON IT. THE  
18 INSTITUTIONAL MEMBERS, AS EVERYONE KNOWS, REMINDING  
19 EVERYONE, ACTUALLY DON'T VOTE ON THE APPLICATION.  
20 THEY'RE NOT PART OF THE APPLICATION REVIEW  
21 SUBCOMMITTEE; HOWEVER, YOU MAY ASK QUESTIONS OR MAKE  
22 COMMENTS ABOUT THE APPLICATION. CORRECT ABOUT THAT,  
23 BUT OUR GENERAL COUNSEL CAN CORRECT US AS WE GO.

24 SO WITH THAT, I JUST WANTED TO ACTUALLY  
25 ALSO SAY I DO SERVE ON THE GRANTS WORKING GROUP.

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1 AND JUST FOR THOSE OF YOU WHO WILL BE VOTING ON  
2 THIS, I WANT TO JUST TELL YOU HOW INCREDIBLY  
3 HARDWORKING THE GRANTS WORKING GROUP IS IN TAKING  
4 EVERY ASPECT OF A REVIEW INTO CONSIDERATION. ALL  
5 THE THINGS THAT GIL HAS TALKED ABOUT ABOUT THE  
6 REVIEW CRITERIA ARE DISCUSSED IN GREAT DETAIL ABOUT  
7 THE EXPERT REVIEW PANEL WITH OPPORTUNITY FOR ACTIVE  
8 PARTICIPATION BY ALL OF THE REPRESENTATIVES OF THE  
9 ICOC WHO ACTUALLY SERVE ON THE GRANTS WORKING GROUP.  
10 AND I JUST WANT TO ALSO TAKE THIS OPPORTUNITY TO  
11 REALLY SHOUT OUT TO GIL AND ALL OF THE REVIEW GROUP  
12 OF CIRM WHO DO SUCH AN INCREDIBLE JOB ABOUT  
13 PRESENTING THESE APPLICATIONS TO THE GRANTS WORKING  
14 GROUP AND REALLY DOING SO IN A WAY THAT EVERYTHING  
15 IS CLEAR AND BEING AVAILABLE TO ANSWER QUESTIONS  
16 ABOUT BOTH THE REVIEW PROCESS ITSELF AND THE ENTIRE,  
17 EVERYTHING THAT CIRM DOES. SO I JUST WANTED TO SAY  
18 THAT BEFORE WE ACTUALLY GET INTO IT. THANK YOU,  
19 GIL, AND THE REST OF THE TEAM.

20 SO NOW BACK TO GIL.

21 DR. SAMBRANO: OKAY. THANK YOU VERY MUCH,  
22 OS. WE APPRECIATE IT.

23 SO FOR THIS APPLICATION, THIS IS A CELL  
24 AND GENE THERAPY FOR ALS. THE THERAPY ITSELF IS AN  
25 ALLOGENEIC NEUROPROGENITOR CELL THAT'S GENETICALLY

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1 ENGINEERED TO SECRETE THE GLIAL-DERIVED NEUROTROPHIC  
2 FACTOR ALSO KNOWN AS GDNF. AND SO OBVIOUSLY THE  
3 INDICATION IS FOR ALS, AND THIS IS FOR ALS THAT IS  
4 BOTH SPORADIC AND GENETIC AND EITHER SLOW OR FAST  
5 ADVANCERS OF THE DISEASE.

6 THIS IS FOR A PHASE 1-2A TRIAL, AND THE  
7 FUNDS REQUESTED IS JUST UNDER 12 MILLION. THE  
8 APPLICANT IS NOT REQUIRED TO AND IS NOT PROVIDING  
9 CO-FUNDING IN THIS PARTICULAR CASE.

10 SO A LITTLE BACKGROUND ON THE DISEASE  
11 INDICATION. SO ALS IS, AS I'M SURE MOST KNOW, IS AN  
12 INCURABLE NEUROMUSCULAR DISEASE THAT LEADS TO  
13 PROGRESSIVE LOSS OF MOTOR NEURONS IN THE SPINAL CORD  
14 AND IN THE BRAIN, LEADS TO PARALYSIS AND DEATH  
15 NORMALLY WITHIN FIVE YEARS OF DIAGNOSIS. SO THERE'S  
16 JUST AN ABSOLUTE HUGE UNMET MEDICAL NEED HERE.

17 THERE ARE CURRENTLY NO EFFECTIVE  
18 TREATMENTS, AND THE PROPOSED THERAPY OFFERS A  
19 ONE-TIME TREATMENT WITH THE POSSIBILITY OF IMPROVED  
20 PATIENT OUTCOMES THAT WOULD INCLUDE THE SLOWING OR  
21 HALTING OF DISEASE PROGRESSION. AND THE REASON THIS  
22 IS A STEM CELL PROJECT, THIS THERAPEUTIC CANDIDATE  
23 CONTAINS NEUROPROGENITOR CELLS.

24 SO A LITTLE BIT ABOUT OUR OVERALL CLINICAL  
25 PORTFOLIO AND OTHER GRANTS THAT EXIST WITHIN THAT

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1 PORTFOLIO THAT MIGHT BE RELATED TO THIS OR SIMILAR.  
2 SO THE CURRENT APPLICATION IS THE ONE SHOWN IN BLUE  
3 WHICH THE CANDIDATE IS A GDNF SECRETING  
4 NEUROPROGENITOR CELL, AND IT IS INTENDED TO HAVE  
5 NEUROPROTECTIVE PROPERTIES WHEN INTRODUCED AND/OR  
6 TRANSPLANTED. IT PRODUCES ASTROCYTES THAT RELEASE  
7 THAT GDNF AND HOPEFULLY WOULD RESTORE THE  
8 MICROENVIRONMENT. AND THIS IS GOING TO BE  
9 ADMINISTERED IN THE MOTOR CORTEX OF THE BRAIN TO  
10 HAVE AN IMPACT ON HAND MOBILITY AND USE.

11 SO THERE IS A CURRENT TRIAL THAT WE HAVE  
12 FUNDED BY THE SAME TEAM THAT IS DUE TO END IN ABOUT  
13 JULY, NEXT MONTH. IF ALL GOES WELL, IT MAY BE  
14 SLIGHTLY DELAYED, BUT IT'S ESSENTIALLY THE SAME  
15 CANDIDATE. AND IN THIS TRIAL, THEY WERE TESTING  
16 SAFELY AND TOLERABILITY WHEN ADMINISTERED IN THE  
17 LUMBAR REGION. AND SO THEY WERE LOOKING AT POSSIBLE  
18 EFFECTS TO THE LOWER EXTREMITIES.

19 WE HAVE ALSO SUPPORTED AND FUNDED A PHASE  
20 3 CLINICAL TRIAL IN ALS THAT IS A LITTLE BIT  
21 DIFFERENT. THAT ONE UTILIZES A MESENCHYMAL STEM  
22 CELL THERAPY. IT'S AN AUTOLOGOUS APPROACH AS  
23 OPPOSED TO THE ALLOGENEIC THAT IS PROPOSED ABOVE, AN  
24 AUTOLOGOUS BONE MARROW-DERIVED MESENCHYMAL STEM  
25 CELLS THAT ALSO HAVE A PROTECTIVE EFFECT BY

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1       SECRETING NEUROTROPHIC FACTORS IN THE LOCAL AREA.

2               THE APPLICANT HAS HAD PREVIOUS CIRM  
3       FUNDING, AND HERE IS OUR THREE PROJECTS THAT HAVE  
4       BEEN PREVIOUSLY PROVIDED IN THE CLINICAL ARENA. SO  
5       THE ONE PHASE 1 TRIAL THAT I JUST MENTIONED IN ALS,  
6       THE AWARD FOR THAT WAS ABOUT SIX MILLION, AND THE  
7       GOAL THERE WAS TO COMPLETE THAT TRIAL. THEY WERE  
8       SUCCESSFUL IN ACCOMPLISHING THE ENROLLMENT AND  
9       DOSING OF ALL THE PATIENTS. AND SO THEY ARE  
10       BASICALLY DOING ANALYSIS AND WAITING ON THE  
11       SUBMISSION OF THEIR FINAL CLINICAL STUDY REPORT.

12               WE HAVE ALSO FUNDED THE IND-ENABLING WORK  
13       FOR THESE TWO CLINICAL TRIALS. SO THESE ARE LATE  
14       PRECLINICAL STUDIES THAT WERE PART OF A DISEASE TEAM  
15       AWARD THAT PROVIDED 16 MILLION. SO THAT WAS THE  
16       EARLY PHASES OF PRECLINICAL SAFETY AND TOXICITY,  
17       DOSE RANGING, AND SO ON. THERE WAS A PHASE 1 TRIAL  
18       START THAT WAS ANTICIPATED, BUT WAS NOT ACHIEVED.  
19       THAT ONE WAS ACHIEVED UNDER THE CLIN2 AWARD.

20               THERE'S ALSO A PHASE 1 CLINICAL TRIAL THAT  
21       WAS AWARDED TO THIS APPLICANT FOR A DIFFERENT  
22       INDICATION USING LARGELY THE SAME PRODUCTS FOR  
23       RETINITIS PIGMENTOSA. AND SO THAT ONE IS CURRENTLY  
24       UNDER WAY AND ENROLLING PATIENTS. AND THAT ONE IS  
25       PROJECTED TO END IN 2023.

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1 SO AFTER REVIEW OF THIS CURRENT  
2 APPLICATION, THE GRANTS WORKING GROUP RECOMMENDATION  
3 IS TO FUND THIS. THEY FELT IT HAD EXCEPTIONAL MERIT  
4 AND WARRANTS FUNDING WITH TEN MEMBERS GIVING IT A  
5 SCORE OF 1. THERE WERE THREE MEMBERS THAT GAVE IT A  
6 SCORE OF 2, AND NO ONE GAVE IT A SCORE OF 3. THE  
7 DEI SCORE FOR THIS APPLICATION IS AN 8. AND THEN  
8 JUST FOR REFERENCE, WE WERE USING A RUBRIC THAT  
9 BASICALLY HAD FOUR DIFFERENT CATEGORIES, THINGS THAT  
10 SCORED ZERO TO TWO WERE NOT RESPONSIVE, THREE TO  
11 FIVE WERE PARTIALLY RESPONSIVE, SIX TO EIGHT WERE  
12 RESPONSIVE, AND NINE TO TEN WAS OUTSTANDING. SO  
13 THIS ONE IS AT THE TOP OF A RESPONSIVE DEI SCORE.  
14 AND SO THE CIRM RECOMMENDATION IS TO FUND THIS IN  
15 CONCURRENCE WITH THE GRANTS WORKING GROUP  
16 RECOMMENDATION FOR THE AWARD AMOUNT OF \$11,930,372.  
17 AND I BELIEVE THAT'S IT FOR THE SLIDES. I'M HAPPY  
18 TO TAKE ANY QUESTIONS ON THIS APPLICATION.

19 DR. STEWARD: THANK YOU, GIL. WHAT I  
20 WOULD JUST SUGGEST THAT WE DO IS HAVE QUESTIONS AND  
21 THEN ACTUALLY PERHAPS WE COULD HAVE A MOTION FIRST.  
22 BUT BEFORE THAT, JUST TO OUTLINE QUICKLY THE  
23 PROCESS. SO WE'LL HAVE DISCUSSION BY THE BOARD.  
24 AFTER COMPLETION OF DISCUSSION BY THE BOARD, THERE  
25 WILL BE AN OPPORTUNITY FOR PUBLIC COMMENT. AND IF I

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1 MAY, WITH PERMISSION OF OUR BOARD CHAIR, I'D  
2 ACTUALLY LIKE TO GO AHEAD AND MAKE THE MOTION TO  
3 APPROVE THIS. AND I WANT TO DO THIS ON BEHALF OF  
4 AND IN HONOR OF DIANE WINOKUR, WHO HAS JUST ROTATED  
5 OFF THE BOARD AND WHO, OF COURSE, WAS OUR ADVOCATE  
6 FOR ALS. IF I MAY DO THAT. THANK YOU.

7 DR. FISHER: SECOND.

8 DR. STEWARD: WE HAVE A MOTION AND A  
9 SECOND. THE APPLICATION IS OPEN FOR DISCUSSION BY  
10 THE BOARD THEN. THANK YOU.

11 MS. BONNEVILLE: ANNE-MARIE HAS HER HAND  
12 RAISED.

13 DR. DULIEGE: YES. THANK YOU VERY MUCH,  
14 GIL. I SEE A LOT OF BENEFITS TO THIS APPLICATION.  
15 COULD YOU PLEASE HELP US UNDERSTAND WHAT IS THE  
16 DIFFERENTIATION BETWEEN THIS ONE AND OTHER  
17 APPLICATIONS THAT YOU LISTED AND THAT WE HAVE FUNDED  
18 PREVIOUSLY? I ASSUME IT'S A CLINICAL PROGRAM WITH A  
19 DIFFERENT MODE OF ADMINISTRATION; IS THAT RIGHT?

20 DR. SAMBRANO: YES, THAT'S CORRECT. SO  
21 THE PREVIOUS CLINICAL TRIAL WAS ASSESSING SAFETY AND  
22 TOLERABILITY IN THE LUMBAR REGION. SO THEY WERE  
23 LOOKING AT THE LOWER EXTREMITIES AND SEEING LEG  
24 FUNCTION. THEY HAVE MOVED IN THIS NEW TRIAL NOW TO  
25 THE MOTOR CORTEX TO LOOK AT HAND FUNCTION TO SEE

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1 WHAT THE EFFECT IS ON THERE AND LOOK FOR EFFICACY OR  
2 POTENTIAL EFFICACY THERE AS WELL AS OBVIOUSLY SAFETY  
3 AND TOLERABILITY.

4 DR. DULIEGE: WHAT IS THE MODE OF -- THE  
5 ROUTE OF ADMINISTRATION FOR THIS TRIAL?

6 DR. SAMBRANO: SO I BELIEVE THAT IT'S  
7 DIRECT INJECTION INTO THE MOTOR CORTEX.

8 DR. DULIEGE: OKAY. DO YOU KNOW IF THERE  
9 WERE ANY PRELIMINARY RESULTS WITH THIS OTHER TRIAL  
10 USING THE SAME PRODUCT BUT ADMINISTERED IN A  
11 DIFFERENT REGION?

12 DR. SAMBRANO: YES. SO THAT TRIAL IS, I  
13 THINK, NEAR COMPLETION. AND SO IN TERMS OF  
14 OUTCOMES, SOME OF THAT WAS REPORTED IN THE  
15 APPLICATION AND SUMMARIZED, I THINK, BRIEFLY IN SOME  
16 OF THE COMMENTS. SO IN GENERAL IT WAS A POSITIVE  
17 OUTCOME. THERE WASN'T ANY -- THE EFFECTS WERE  
18 MODEST, BUT, AGAIN, THEY WERE LOOKING PRIMARILY AT  
19 SAFETY. SO THERE WAS HOPE, AND I THINK THAT THE  
20 REVIEWERS STRESSED THAT ALTHOUGH THERE WASN'T A  
21 DRAMATIC OR SIGNIFICANT EFFICACY SIGNAL IN THIS  
22 FIRST TRIAL, THEY'RE HOPING THAT IN THIS TRIAL THEY  
23 MAY SEE THAT, AND THEY OFFER IT AS A KIND OF  
24 NECESSARY NEXT STEP TO SEE IF THIS APPROACH IS GOING  
25 TO WORK.

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1 DR. DULIEGE: AND MY VERY LAST QUESTION.  
2 IT WAS NOT CLEAR WHETHER THERE IS A CONTROL GROUP OR  
3 CONTROL PATIENTS AMONG THESE 16 PATIENTS THAT ARE  
4 GOING TO BE INCLUDED HOPEFULLY.

5 DR. SAMBRANO: THAT'S A GREAT QUESTION. I  
6 DON'T KNOW THAT OFF THE TOP OF MY HEAD. DR. ABLA  
7 CREASEY MAY ACTUALLY, I THINK WHO'S ON THE LINE, MAY  
8 KNOW THAT OR DR. MILLAN. I DON'T KNOW IF THEY COULD  
9 ANSWER THAT.

10 DR. CREASEY: I THINK NOT, BUT I WILL  
11 CHECK AGAIN IN A MINUTE.

12 DR. DULIEGE: WHILE WE ARE HERE TO TRUST  
13 AND SUPPORT THE GWG, AM I THE ONLY ONE TO HAVE A  
14 SLIGHT CONCERN ABOUT THE FACT THAT THIS IS A  
15 NONCONTROLLED TRIAL? ARE THERE ETHICAL CONCERNS  
16 GIVEN THE PRETTY INVASIVE INJECTION IN THE CORTEX TO  
17 GIVING CONTROL INJECTIONS TO PATIENTS, AND THAT MAY  
18 VERY WELL BE THE CASE; BUT ON THE OTHER HAND, IT  
19 WILL BE STILL SOMEWHAT DIFFICULT TO ESTABLISH THE  
20 PRELIMINARY EFFICACY OF THE INTERVENTION.

21 DR. CREASEY: ANNE-MARIE, THE CONTROL IS  
22 THEY WILL DO ONE HAND VERSUS THE OTHER HAND AS THE  
23 CONTROL. THAT'S THE WAY IT WORKS.

24 DR. DULIEGE: THAT MAKES A LOT OF SENSE.  
25 THANK YOU.

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1 DR. STEWARD: OTHER QUESTIONS FROM MEMBERS  
2 OF THE BOARD? I DON'T SEE ANY HANDS. MARIA,  
3 ANYTHING?

4 MS. BONNEVILLE: NO HANDS RAISED.

5 DR. STEWARD: OKAY. DO WE HAVE PUBLIC  
6 COMMENT?

7 MS. BONNEVILLE: FOR MEMBERS OF THE  
8 PUBLIC, IF YOU COULD PRESS STAR NINE IF YOU WOULD  
9 LIKE TO PARTICIPATE. I DON'T SEE ANY HANDS RAISED.

10 DR. STEWARD: OKAY. EXCELLENT. IN THAT  
11 CASE, MARIA, COULD YOU CALL THE ROLL.

12 MS. BONNEVILLE: SURE. DAN BERNAL.  
13 LEONDRA CLARK-HARVEY. ANNE-MARIE DULIEGE.

14 DR. DULIEGE: YES.

15 MS. BONNEVILLE: YSABEL DURON. MARK  
16 FISCHER-COLBRIE.

17 DR. FISCHER-COLBRIE: YES.

18 MS. BONNEVILLE: FRED FISHER.

19 DR. FISHER: YES.

20 MS. BONNEVILLE: ELENA FLOWERS. DAVID  
21 HIGGINS.

22 DR. HIGGINS: YES.

23 MS. BONNEVILLE: STEVE JUELGAARD.

24 MR. JUELGAARD: YES.

25 MS. BONNEVILLE: DAVE MARTIN.

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1 DR. MARTIN: YES.  
2 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
3 DR. MIASKOWSKI: YES.  
4 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
5 MS. MILLER-ROGEN: YES.  
6 MS. BONNEVILLE: ADRIANA PADILLA.  
7 DR. PADILLA: YES.  
8 MS. BONNEVILLE: JOE PANETTA.  
9 MR. PANETTA: YES.  
10 MS. BONNEVILLE: AL ROWLETT.  
11 MR. ROWLETT: YES.  
12 MS. BONNEVILLE: OS STEWARD.  
13 DR. STEWARD: YES.  
14 MS. BONNEVILLE: JONATHAN THOMAS.  
15 CHAIRMAN THOMAS: YES.  
16 MS. BONNEVILLE: ART TORRES.  
17 MR. TORRES: AYE.  
18 MS. BONNEVILLE: KAROL WATSON.  
19 DR. WATSON: YES.  
20 MS. BONNEVILLE: THANK YOU. THE MOTION  
21 CARRIES.  
22 DR. STEWARD: THANK YOU. AND WITH  
23 THAT --  
24 UNIDENTIFIED SPEAKER: OS, I HAVE A  
25 QUESTION FOR YOU. CAN YOU TELL ME WHO THE SECOND

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1 WAS ON THAT MOTION?

2 MS. BONNEVILLE: I BELIEVE IT WAS FRED  
3 FISHER.

4 DR. FISHER: CORRECT.

5 DR. STEWARD: EXCELLENT. OKAY. WITH  
6 THAT, WE'LL PASS IT BACK TO J.T. TO CONTINUE THE  
7 MEETING. THANK YOU.

8 CHAIRMAN THOMAS: THANK YOU VERY MUCH, OS.  
9 EXPERTLY DONE AS ALWAYS.

10 THIS IS ACTUALLY A GOOD SEGUE. FRED, WE  
11 WOULD LOVE TO HAVE YOU SAY A FEW WORDS TO THE BOARD  
12 AS YOU ARE HAVING YOUR FIRST MEETING HERE. A FEW  
13 WORDS OF INTRODUCTION.

14 DR. FISHER: THANKS SO MUCH. GOOD MORNING  
15 STILL, EVERYONE. I'M FRED FISHER. I'M CURRENTLY  
16 AND HAVE BEEN FOR THE LAST OVER 18 YEARS THE  
17 PRESIDENT AND CEO OF ALS ASSOCIATION GOLDEN WEST  
18 CHAPTER. I'VE PARTICIPATED EXTENSIVELY IN VARIOUS  
19 CIRM EFFORTS, WHETHER IT WAS SUPPORTING PROP 71,  
20 SUPPORTING PROP 14, BEING A MEMBER OF AT LEAST ONE,  
21 POSSIBLY TWO CLINICAL ADVISORY PANELS. I WAS THE  
22 PERSON RESPONSIBLE FOR SUBMITTING DIANE WINOKUR AS  
23 THE ALS REPRESENTATIVE FOR HER TERM ON THE CIRM  
24 BOARD. AND I'M VERY MUCH LOOKING FORWARD TO  
25 REPRESENTING THE INTERESTS OF NOT ONLY THE ALS

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1 PATIENT COMMUNITY, BUT ALSO THE MS PATIENT  
2 COMMUNITY.

3 WHILE MY CAREER HAS NOT BEEN FOCUSED ON  
4 MS, I DO HAVE A CLOSE FAMILY MEMBER WHO HAS LIVED  
5 WITH MS FOR 35 PLUS YEARS THAT I'VE KNOWN HER AS MY  
6 SISTER-IN-LAW. SO I COME TO THIS OPPORTUNITY WITH  
7 TREMENDOUS ENTHUSIASM FOR REPRESENTING THE INTERESTS  
8 OF PATIENTS AND FAMILY MEMBERS LIVING WITH  
9 NEURODEGENERATIVE DISEASE.

10 CHAIRMAN THOMAS: THANK YOU VERY MUCH,  
11 FRED. AND WELCOME ABOARD.

12 OKAY. WE'RE GOING TO NOW GO INTO A COUPLE  
13 OF ITEMS ON THE BUDGET, FIRST ON ADMINISTRATIVE  
14 BUDGET AND SECOND ON THE SCIENTIFIC RESEARCH BUDGET.  
15 BOTH WILL BE PRESENTED BY JENNIFER LEWIS. JENNIFER.

16 MS. LEWIS: THANK YOU, J.T. ONE MOMENT  
17 WHILE I SHARE MY SCREEN. APOLOGIES. ONE MOMENT.  
18 OKAY. CAN YOU SEE MY SLIDES FULL SCREEN?

19 CHAIRMAN THOMAS: YES.

20 MS. LEWIS: GREAT. THANK YOU, EVERYONE.  
21 MY NAME, AGAIN, IS JENNIFER LEWIS, AND I AM THE  
22 ACTING DIRECTOR OF THE FINANCE TEAM FOR THE  
23 WIND-DOWN AND WIND-UP, AS DR. MILLAN DESCRIBED.  
24 TODAY I WILL BE PRESENTING THE ADMINISTRATIVE BUDGET  
25 PROPOSAL FOR FISCAL YEAR 21/22.

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1 SO HERE'S OUR AGENDA FOR OUR DISCUSSION  
2 TODAY. FIRST, I WILL COVER THE 2020/21 BUDGET AND  
3 THE FINANCIAL RESULTS OF OUR CURRENT BUDGET AND THE  
4 MAJOR DRIVERS OF THOSE RESULTS. THEN I WILL TURN TO  
5 THE PROPOSED BUDGET FOR THE UPCOMING FISCAL YEAR OF  
6 21/22 AND THE MAJOR DRIVERS OF THAT BUDGET. THEN,  
7 FINALLY, AND IN YOUR MATERIALS IS A DETAILED  
8 DEPARTMENTAL LEVEL BREAKDOWN OF THIS PROPOSED BUDGET  
9 THAT YOU CAN ACCESS ON THE CIRM WEBSITE.

10 SO FIRST LET'S DIVE INTO THE CURRENT 20/21  
11 BUDGET. BEFORE I SHARE THE ACTUAL RESULTS, I WANTED  
12 TO REMIND EVERYONE OF THE CONTEXT THAT DR. MILLAN  
13 DESCRIBED PREVIOUSLY OF WHICH THIS BUDGET WAS  
14 CREATED. AS YOU KNOW, THE PANDEMIC IN 2020 AND 2021  
15 HAS STILL IMPACTED OUR WORK AND BUSINESS ACTIVITIES,  
16 AND THAT WAS NO DIFFERENT FOR CIRM. IT IMPACTED OUR  
17 REVIEWS AND MEETINGS AS ALL THESE WERE DONE  
18 VIRTUALLY AS WELL AS THERE WAS NO TRAVEL DURING THIS  
19 PERIOD.

20 ADDITIONALLY, FROM JUNE 2020 THROUGH  
21 DECEMBER 2020, WE WERE OPERATING IN A WIND-DOWN  
22 BUDGET AS DESCRIBED. AND THIS RESULTED IN REDUCED  
23 STAFF LEVELS, REDISTRIBUTED WORKLOAD TO CURRENT  
24 STAFF THAT WAS REMAINING IN THE ORGANIZATION, AND  
25 THE MAJOR ACTIVITIES WERE MANAGING THE REMAINING

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1 DOLLARS OF PROP 71 FUNDING IN A OUR COVID-19, OUR  
2 SICKLE CELL, AND OUR PILLAR PROGRAMS IN DISCOVERY,  
3 TRANSLATIONAL, AND CLINICAL AWARDS. AND THE SECOND  
4 HALF OF THIS BUDGET WAS CREATED AS A WIND-UP OF  
5 AGENCY ACTIVITIES FROM JANUARY THROUGH JUNE WITH 40  
6 POSITIONS, WHICH INCLUDED NINE REESTABLISHED  
7 POSITIONS AND AN INCREASE IN REVIEWS IN OUR PILLAR  
8 PROGRAMS AND SCIENTIFIC ADVISORY AND STRATEGIC  
9 PLANNING ACTIVITIES.

10 SO NOW LET'S LOOK AT THE FINANCIAL RESULTS  
11 FROM THIS PERIOD AND WHAT CONTRIBUTED TO THAT. AS  
12 YOU CAN SEE, HERE ARE THE ESTIMATED FINANCIAL  
13 RESULTS. THE FIRST COLUMN SHOWS THE APPROVED BUDGET  
14 OF 15.93 MILLION. THE AGENCY IS CURRENTLY ESTIMATED  
15 TO FINISH THE YEAR AT JUST OVER 13.1 MILLION, WHICH  
16 IS A VARIANCE OF 2.2 MILLION. AS NOTED PREVIOUSLY,  
17 AGAIN, THE AGENCY WAS OPERATING IN WIND-DOWN MODE  
18 FOR THE FIRST SIX MONTHS OF THIS FISCAL YEAR. THUS,  
19 A LOT OF SAVINGS IS DUE TO THE TEAM'S MANAGEMENT OF  
20 EXPENDITURES AND REALLY KEEPING COSTS LOW AND BEING  
21 MINDFUL OF THAT. AND AGAIN, AS MENTIONED,  
22 ADDITIONALLY THE PANDEMIC PROVIDED EXTRA SAVINGS IN  
23 HOSTING MEETINGS REMOTELY AND ON ZOOM AND REVIEWS  
24 VIRTUALLY AS WELL. AND LASTLY, THERE WERE COSTS  
25 BUDGETED IN OUR WIND-UP OVER THE PAST SIX MONTHS

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1 THAT JUST DID NOT MATERIALIZE AT THE RATE EXPECTED,  
2 SUCH AS HIRING.

3 SO THIS SLIDE SHOWS JUST THE MAJOR  
4 CATEGORIES THAT CONTRIBUTE TO THIS 2.2 VARIANCE.  
5 THESE ARE IN OUR EMPLOYEE EXPENSES OR PERSONNEL,  
6 EXTERNAL SERVICES, AND IN REVIEWS, MEETINGS, AND  
7 WORKSHOPS, WHICH I'LL DIVE INTO EACH OF THESE  
8 CATEGORIES IN MORE DETAIL ON THE NEXT SLIDE.

9 SO THE FIRST MAJOR DRIVER IN THIS FISCAL  
10 YEAR WAS IN EMPLOYEE EXPENSES. AS YOU RECALL, IN  
11 DECEMBER THIS BOARD APPROVED A REVISED 20/21 BUDGET,  
12 WHICH INCLUDED NINE REESTABLISHED POSITIONS FOR KEY  
13 ROLES TO SUPPORT THE WIND-UP OF OUR AGENCY  
14 ACTIVITIES AND GROWTH OF THE ORGANIZATION. AND AS  
15 MENTIONED BY DR. MILLAN, THIS WAS A VERY AMBITIOUS  
16 GOAL; AND WITH THE EFFORTS OF OUR HR TEAM AND REALLY  
17 THE WHOLE ORGANIZATION, WE WERE ABLE TO FILL EIGHT  
18 OF THESE NINE KEY ROLES TO DATE AND HAD A SAVINGS  
19 DUE TO START DATES THAT MATERIALIZED TOWARDS THE END  
20 OF THE FISCAL YEAR. AND ONE OF THESE POSITIONS IS  
21 STILL IN THE LATER STAGES OF RECRUITING, WHICH ALSO  
22 RESULTS IN SOME SAVINGS AS IT REMAINS UNFILLED.

23 ALSO DURING THIS FISCAL PERIOD THERE WERE  
24 THREE VACANCIES THAT HAVE OCCURRED DURING THE YEAR,  
25 AND I CAN REPORT TO DATE THAT TWO OF THESE HAVE BEEN

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1 FILLED. THUS, THERE WERE SOME SAVINGS ATTRIBUTED TO  
2 THESE VACANCIES THROUGHOUT THE FISCAL PERIOD. THUS,  
3 WE ARE ESTIMATED TO FINISH THE YEAR UNDER BUDGET BY  
4 1.1 MILLION WHILE STILL ADDING TEN NEW EMPLOYEES TO  
5 THE TEAM.

6 WE ALSO SAW A SAVINGS IN THE EXTERNAL  
7 SERVICES BUDGET CATEGORY WHICH WAS DUE TO THE TEAM  
8 REALLY MAINTAINING EXPENDITURES UNDER BUDGET AS WE  
9 WERE OPERATING IN WIND-DOWN MODE FOR MOST OF THIS  
10 FISCAL YEAR. AND ADDITIONALLY, MANY CONTINGENCY  
11 EXPENDITURES JUST DID NOT MATERIALIZE AT THE RATE WE  
12 EXPECTED, SUCH AS OUTSIDE CORPORATE COUNSEL FOR  
13 GRANT-RELATED MATTERS. AND SO WE ARE ESTIMATED TO  
14 FINISH THIS YEAR UNDER BUDGET IN THIS AREA BY ABOUT  
15 HALF A MILLION OR \$554,000.

16 AND THEN LASTLY, THE LAST MAJOR DRIVER IS  
17 IN REVIEWS, MEETINGS, AND WORKSHOPS. AND SO THIS  
18 LAST CATEGORY THE AGENCY WAS OPERATING IN A  
19 WIND-DOWN MODE IN 2021, AND WE WERE ALL SET TO KEEP  
20 OUR EXPENSES LOW. AND, THUS, THINGS JUST DID NOT  
21 MATERIALIZE AND THERE WAS WERE IN THIS AREA, BUT  
22 ADDITIONALLY, AS MENTIONED, ALL OF OUR MEETINGS AND  
23 REVIEWS AND WORKSHOPS OCCURRED REMOTELY, RESULTING  
24 IN ADDITIONAL SAVINGS OF JUST UNDER \$300,000.

25 SO NOW I'D LIKE TO TRANSITION TO THE 21/22

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1 PROPOSED BUDGET REQUEST. THIS SLIDE SHOWS THE  
2 PROPOSED 21/22 BUDGET REQUEST. THE FIRST COLUMN  
3 DISPLAYS THE BUDGET OF THE PREVIOUS PERIOD OF 15.93  
4 MILLION AS I JUST DESCRIBED. AND THE 21/22 BUDGET  
5 IS TOTALING AT 21.1 MILLION, WHICH IS AN INCREASE OF  
6 ABOUT 5.7 MILLION.

7 I DID WANT TO NOTE THAT NORMALLY, WHEN WE  
8 PRESENT THIS BUDGET TO YOU, WE TYPICALLY PRESENT THE  
9 PROPOSED BUDGET AGAINST THE ESTIMATED FINANCIAL  
10 RESULTS OF THE PREVIOUS FISCAL YEAR. HOWEVER, GIVEN  
11 THE UNIQUE YEAR THAT I DESCRIBED, THE DECISION WAS  
12 MADE TO REALLY SHOW THE BUDGET-TO-BUDGET COMPARISON  
13 INSTEAD AS IT'S A BETTER COMPARATOR FOR THIS  
14 PARTICULAR CONTEXT.

15 AND SO ON THE NEXT FEW SLIDES, I WOULD  
16 LIKE TO FOCUS IN ON A FEW AREAS THAT ARE THE MAJOR  
17 DRIVERS OF THIS UPCOMING YEAR'S BUDGET.

18 SO THE FIRST DRIVER OR THE OVERALL DRIVERS  
19 LISTED HERE IN THE 21/22 BUDGET ARE PERSONNEL,  
20 REVIEWS, MEETINGS, AND WORKSHOPS, AND GRANT  
21 ACTIVITIES, AS WELL AS RENT AND OFFICE EXPANSION.  
22 AND I'LL DIVE INTO THESE A LITTLE BIT MORE IN THE  
23 NEXT FEW SLIDES.

24 SO THE FIRST KEY DRIVER IS IN EMPLOYEE  
25 EXPENSES OR PERSONNEL. THIS PROPOSED BUDGET FOR

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1 21/22 INCREASES PERSONNEL BY NINE POSITIONS, WHICH  
2 WOULD BRING OUR TOTAL HEAD COUNT TO 49 POSITIONS.  
3 IN ADDITION, THIS BUDGET ALSO ASSUMES A 3-PERCENT  
4 MERIT SALARY ADJUSTMENT FOR THE PERFORMANCE  
5 EVALUATION PERIOD THAT WE ARE FINISHING AT THE END  
6 OF JUNE. AND IN COMPARISON TO THE 20/21 BUDGET,  
7 THIS IS AN INCREASE OF 3.7 MILLION.

8 THE SECOND MAJOR DRIVER OF THE 21/22  
9 BUDGET IS IN OUR REVIEWS, MEETINGS, AND WORKSHOPS.  
10 THE CIRM TEAM HAS PLANNED 22 REVIEWS FOR THE 21/22  
11 FISCAL YEAR, WHICH IS AN ESTIMATED BUDGET INCREASE  
12 OF ABOUT \$751,000. AND LAST YEAR, DUE TO THE  
13 PANDEMIC, AGAIN, WE CONDUCTED ALL OF OUR MEETINGS  
14 VIRTUALLY, WHICH HAS RESULTED IN SAVINGS AND REALLY  
15 SUCCESSFUL AND PRODUCTIVE MEETINGS. AND GIVEN THIS,  
16 OF THE 22 REVIEWS WE PLAN FOR NEXT FISCAL YEAR, ONLY  
17 TWO OF THESE WILL BE IN PERSON WHILE THE REST OF  
18 THESE WILL BE DONE VIRTUALLY. AND SO I WILL DIVE A  
19 LITTLE BIT DEEPER INTO WHAT'S DRIVING THIS COST ON  
20 THE NEXT SLIDE, BUT ALSO WANTED TO MENTION THAT ALSO  
21 CONTRIBUTING TO THIS BUDGET CATEGORY ARE AN INCREASE  
22 IN OUR SCIENTIFIC WORKSHOPS AND ADVISORY MEETINGS,  
23 WHICH INFORM OUR STRATEGIC DIRECTION AS THE  
24 PORTFOLIO WILL BE GROWING OVER THIS NEXT FISCAL  
25 YEAR, SO INCREASED ACTIVITIES IN OUR CLINICAL AND

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1 TRANSLATIONAL ADVISORY PANELS OR OUR CAPS AND TAPS.  
2 AND IT'S ESTIMATED THAT WE WILL INCREASE THESE  
3 ACTIVITIES BY 57 PERCENT, WHICH ALSO ATTRIBUTES TO  
4 AN INCREASE IN THIS BUDGET CATEGORY.

5 AND LASTLY, WE ANTICIPATE THAT BOARD AND  
6 SUBCOMMITTEE ACTIVITIES WILL ALSO INCREASE DURING  
7 THIS FISCAL YEAR PERIOD. AGAIN, MOST OF THESE WILL  
8 OCCUR VIRTUALLY, BUT WE DO PLAN THAT THERE WILL BE  
9 FOUR BOARD MEETINGS WITH TWO OF THEM AT LEAST BEING  
10 IN PERSON IN THIS UPCOMING FISCAL YEAR.

11 SO I DO WANT TO FOCUS A LITTLE BIT IN ON  
12 THE REVIEWS AND MEETINGS ACTIVITIES AND PROVIDE A  
13 COMPARISON TO SHOW A LITTLE BIT WHY THIS COST HAS  
14 INCREASED IN THIS BUDGET YEAR.

15 HISTORICALLY, THIS CHART PROVIDES AN  
16 OVERVIEW OF OUR REVIEW ACTIVITIES SINCE 2016. AND  
17 HISTORICALLY THE PRIMARY DRIVERS OF REVIEW MEETING  
18 BUDGETS HAS BEEN THE COST OF HOSTING THESE MEETINGS  
19 IN PERSON WITH THE NUMBER OF REVIEWS AND HONORARIA  
20 AND WITH THE VARIETY OF PROGRAMS BEING OFFERED. AS  
21 YOU WILL SEE IN 16/17, THE AGENCY BUDGETED FOR 17  
22 REVIEWS AT ABOUT \$1 MILLION. AND AT THIS TIME THE  
23 ORGANIZATION WAS OFFERING A WIDE VARIETY OF PROGRAMS  
24 AND HOSTING ALL OF ITS REVIEWS IN PERSON WHICH  
25 INCLUDED COSTS ASSOCIATED WITH OFFSITE MEETING ROOMS

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1 AND TRAVEL AND HOTEL FOR REVIEWERS ALONG WITH  
2 HONORARIA.

3 BY THE 18/19 FISCAL YEAR, WE BEGAN TO  
4 OPERATE IN WIND-DOWN TO REDUCE OUR ADMINISTRATIVE  
5 ACTIVITIES AND OVERHEAD AND CONDUCTED ALL OF OUR  
6 IN-PERSON REVIEW MEETINGS AT OUR AGENCY OFFICES.  
7 THUS, YOU WILL SEE A DECREASE IN THE BUDGET FOR  
8 THESE 15 REVIEWS CONDUCTED DURING THAT PERIOD.

9 AND BY 2021 THE AGENCY WAS OPERATING IN A  
10 WIND-DOWN MODE WITH LESS REVIEWS AND ALL MEETINGS  
11 WERE DONE VIRTUALLY. THUS, THERE WERE LIMITED  
12 PROGRAM OFFERINGS, FOCUSING ONLY ON OUR CLINICAL AND  
13 COVID ROUNDS. AND THE ONLY COST INCURRED FOR  
14 REVIEWS AT THAT TIME WERE IN REVIEW HONORARIA.  
15 AGAIN, THE 21/22 BUDGET ESTIMATES 22 REVIEWS AT  
16 \$751,000.

17 AND SO JUST LOOKING AT THE 21/22 BUDGET  
18 COMPARED TO THE 20/21, THE AGENCY IS DOUBLING OUR  
19 NUMBER OF REVIEWS IN THIS UPCOMING FISCAL YEAR WHILE  
20 THE BUDGET FOR 21/22 HAS INCREASED BY 66 PERCENT.  
21 AND I THOUGHT IT WAS IMPORTANT TO EXPLAIN TO YOU  
22 WHY, WHAT'S DRIVING THIS INCREASE.

23 THE PRIMARY DRIVERS OF THIS INCREASE ARE  
24 HONORARIA, AS ALL OF OUR MEETINGS WILL BE HOSTED  
25 MOSTLY VIRTUALLY. BUT THE HONORARIA IS DUE TO NOT

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1 JUST THE AMOUNT, BUT IT'S ALSO BASED ON THE NUMBER  
2 OF REVIEWS THAT A PARTICULAR REVIEWER DOES IN A  
3 PARTICULAR PROGRAM AREA AND THE TYPE OF REVIEW. SO  
4 AS MENTIONED, IN 20/21, WE WERE LIMITED DUE TO  
5 RESEARCH DOLLARS IN THE VARIETY OF PROGRAMS WE COULD  
6 OFFER, AND WE ONLY OFFERED OUR COVID AND CLINICAL  
7 ROUNDS WHICH INVOLVED FEWER APPLICATIONS FOR REVIEW  
8 AND OUR REVIEW MEETINGS WERE OF A SHORTER DURATION.

9 IN 21/22 OUR MEETING SCHEDULE, OUR  
10 CLINICAL REVIEWS, WHICH ARE MONTHLY, BUT IN ADDITION  
11 THERE WILL BE REVIEWS IN OUR EDUCATION PORTFOLIO,  
12 OUR DISCOVERY AND TRANSLATION PROGRAM, AND THESE ALL  
13 HAVE THE HIGHER APPLICATION VOLUMES, RESULTING IN  
14 LONGER REVIEW MEETINGS AND REQUIRE REVIEWERS TO  
15 REVIEW MORE APPLICATIONS PER REVIEW SIMILAR TO THE  
16 16/17 PERIOD.

17 LASTLY, I WANTED TO TURN TO THE FINAL  
18 DRIVER IN THE 2021/22 BUDGET WHICH IS FACILITIES.  
19 IN 2019 THE AGENCY RENEGOTIATED A LEASE EXTENSION  
20 THROUGH MARCH OF 2022 AS CIRM WAS OPERATING AN  
21 UNKNOWN WITH THE UPCOMING NOVEMBER 2020 ELECTION,  
22 AND WE WANTED TO HAVE OFFICES TO SUPPORT EITHER A  
23 WIND-DOWN OR A WIND-UP OF AGENCY ACTIVITIES. SO  
24 THIS INCREASE BEGAN IN EARLY 2021 AND THIS IMPACTS  
25 OUR UPCOMING 21/22 BUDGET. IN ADDITION, GIVEN THAT

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1 LEASE EXTENSION THROUGH MARCH 2022, THE  
2 ORGANIZATION'S LEASE WILL BE EXPIRING IN THIS FISCAL  
3 YEAR. AND AS THE TEAM IS LOOKING FOR THE BEST  
4 OPTION TO ACCOMMODATE OUR GROWING ORGANIZATION AND  
5 ALLOW US TO BEST ACHIEVE OUR MISSION, WE DID  
6 WANT -- WE WILL BE FINALIZING THAT DECISION OVER THE  
7 NEXT COMING MONTHS, BUT THIS BUDGET INCLUDES  
8 CONTINGENCY FUNDING TO SUPPORT EITHER AN OFFICE  
9 EXPANSION AT OUR CURRENT LOCATION AND RETURN TO WORK  
10 OR AN OFFICE MOVE, WHICH INCLUDES LEASING SERVICES,  
11 PROJECT MANAGEMENT, AND MOVER EXPENSES WITH A  
12 FINANCIAL IMPACT COMPARED TO THE PREVIOUS YEAR OF  
13 ABOUT \$843,000.

14 SO FINALLY, BEFORE I CLOSE MY PRESENTATION  
15 AND TAKE QUESTIONS, I WANT TO HIGHLIGHT THAT, OVER  
16 THE NEXT UPCOMING FISCAL YEAR, CIRM WILL CONTINUALLY  
17 MANAGE COSTS AND MAINTAIN EXPENSES, BUT JUST WANT TO  
18 ACKNOWLEDGE THAT THERE'S SEVERAL FACTORS THAT COULD  
19 AFFECT OUR PROJECTED BUDGET WHICH INCLUDE, AS  
20 MENTIONED, THE CURRENT LEASE RENEWAL OR OFFICE MOVE,  
21 OUR ONGOING RECRUITMENT AND PERSONNEL GROWTH, AND  
22 ANY UNKNOWNNS RELATED TO COVID-19 THAT COULD AFFECT  
23 OUR MEETINGS, TRAVEL, AND ADDITIONAL WORK  
24 ACTIVITIES.

25 SO AT THIS TIME THE CIRM TEAM IS

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1 REQUESTING THAT THE ICOC APPROVE THIS PROPOSED 21/22  
2 FISCAL YEAR ADMINISTRATIVE BUDGET. AND AT THIS  
3 POINT I WILL TAKE ANY QUESTIONS.

4 CHAIRMAN THOMAS: STEVE, WOULD YOU PLEASE  
5 COMMENT AS CHAIR OF THE FINANCE SUBCOMMITTEE?

6 MR. JUELSGAARD: I'D BE HAPPY TO, J.T. SO  
7 THIS IS JUST EMBLEMATIC OF THE TREMENDOUS  
8 IMPROVEMENT THAT'S GONE ON WITHIN THE FINANCE GROUP  
9 OVER THE YEARS AS I WITNESSED IT. AND WE, AL  
10 ROWLETT AND I, STARTED WHEN I FIRST TESTED THIS  
11 BUDGET SEVERAL WEEKS AGO AND THEN THE BUDGET  
12 SUBCOMMITTEE MET AND REVIEWED THE BUDGET AND  
13 APPROVED IT. SO I WANT TO THANK JENNIFER FOR  
14 INDULGING US OUR QUESTIONS OVER THAT PERIOD OF TIME  
15 AND FOR PUTTING TOGETHER WHAT I THINK IS A VERY WELL  
16 THOUGHT THROUGH, APPROPRIATE BUDGET THAT I WOULD  
17 HIGHLY RECOMMEND TO ALL OF THE ICOC MEMBERS THAT ARE  
18 VOTING TODAY.

19 CHAIRMAN THOMAS: THANK YOU. BEFORE I GET  
20 TO ANY OTHER COMMENTS OR QUESTIONS, DO I HEAR A  
21 MOTION TO APPROVE?

22 MR. JUELSGAARD: SO MOVED.

23 MR. ROWLETT: SO MOVED. SECOND.

24 CHAIRMAN THOMAS: MOVED BY STEVE, SECONDED  
25 BY AL. QUESTIONS AND COMMENTS FROM MEMBERS OF THE

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1 BOARD? I'D JUST LIKE TO ECHO STEVE'S COMMENTS.  
2 OUTSTANDING WORK, JENN, TO YOU AND YOUR TEAM FOR  
3 COMPREHENSIVELY PUTTING TOGETHER A GREAT BUDGETARY  
4 PLAN FOR THE UPCOMING FISCAL YEAR.

5 MS. LEWIS: THANK YOU, J.T.

6 CHAIRMAN THOMAS: ANY OTHER COMMENTS FROM  
7 MEMBERS OF THE BOARD? ANY COMMENTS FROM THE PUBLIC?

8 MS. BONNEVILLE: THERE ARE NO COMMENTS.

9 CHAIRMAN THOMAS: THANK YOU. MARIA, WILL  
10 YOU PLEASE CALL THE ROLL.

11 MS. BONNEVILLE: DAN BERNAL. GEORGE  
12 BLUMENTHAL.

13 DR. BLUMENTHAL: YES.

14 MS. BONNEVILLE: LINDA BOXER. ALLISON  
15 BRASHEAR.

16 DR. BRASHEAR: YES.

17 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.  
18 DEBORAH DEAS.

19 DR. DEAS: YES.

20 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

21 DR. DULIEGE: YES.

22 MS. BONNEVILLE: YSABEL DURON. MARK  
23 FISCHER-COLBRIE.

24 DR. FISCHER-COLBRIE: YES.

25 MS. BONNEVILLE: FRED FISHER. I THINK

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1 YOU'RE ON MUTE, FRED.  
2 DR. FISHER: YES. SORRY.  
3 MS. BONNEVILLE: THANK YOU. ELENA  
4 FLOWERS. JUDY GASSON.  
5 DR. GASSON: YES.  
6 MS. BONNEVILLE: LARRY GOLDSTEIN.  
7 DR. GOLDSTEIN: YES.  
8 MS. BONNEVILLE: DAVID HIGGINS.  
9 DR. HIGGINS: AN ENTHUSIASTIC YES AND  
10 THANK YOU.  
11 MS. BONNEVILLE: STEVE JUELSGAARD.  
12 MR. JUELSGAARD: YES.  
13 MS. BONNEVILLE: JOSEPH KIM.  
14 DR. KIM: YES.  
15 MS. BONNEVILLE: PAT LEVITT.  
16 DR. LEVITT: YES.  
17 MS. BONNEVILLE: LINDA MALKAS.  
18 DR. MALKAS: YES.  
19 MS. BONNEVILLE: DAVE MARTIN.  
20 DR. MARTIN: YES.  
21 MS. BONNEVILLE: SHLOMO MELMED.  
22 DR. MELMED: YES.  
23 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
24 DR. MIASKOWSKI: YES.  
25 MS. BONNEVILLE: LAUREN MILLER-ROGEN.

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1 MS. MILLER-ROGEN: YES.  
2 MS. BONNEVILLE: ADRIANA PADILLA.  
3 DR. PADILLA: YES.  
4 MS. BONNEVILLE: JOE PANETTA.  
5 MR. PANETTA: YES.  
6 MS. BONNEVILLE: AL ROWLETT.  
7 MR. ROWLETT: YES.  
8 MS. BONNEVILLE: MICHAEL STAMOS. OS  
9 STEWARD.  
10 DR. STEWARD: YES.  
11 MS. BONNEVILLE: JONATHAN THOMAS.  
12 CHAIRMAN THOMAS: YES.  
13 MS. BONNEVILLE: ART TORRES.  
14 MR. TORRES: AYE.  
15 MS. BONNEVILLE: KRISTINA VUORI.  
16 DR. VUORI: YES.  
17 MS. BONNEVILLE: KAROL WATSON.  
18 DR. WATSON: YES.  
19 MS. BONNEVILLE: KEITH YAMAMOTO.  
20 THE MOTION CARRIES.  
21 CHAIRMAN THOMAS: THANK YOU. ON TO THE  
22 NEXT BUDGET ITEM WHICH IS THAT OF THE SCIENTIFIC  
23 RESEARCH BUDGET FOR THE FISCAL YEAR 21/22.  
24 JENNIFER, PLEASE PRESENT HERE AS WELL.  
25 MS. LEWIS: THANK YOU, J.T. SO JUST WANT

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1 TO MAKE SURE YOU CAN SEE MY SLIDES FULL SCREEN. AND  
2 HOPEFULLY I CAN MAKE THIS QUICK BECAUSE I UNDERSTAND  
3 WE ARE PROBABLY BUMPING UP TO A BREAK HERE.

4 SO TODAY I'LL ALSO BE PRESENTING TO YOU  
5 THE RESEARCH BUDGET FOR THE UPCOMING FISCAL YEAR.  
6 BEFORE I BEGIN, I WILL SHARE WITH YOU AN OVERVIEW OF  
7 PROP 14, A HIGH LEVEL OVERVIEW JUST OF THE RESEARCH  
8 ALLOCATION, PARTICULARLY OUR ANNUAL ALLOCATION  
9 ALLOWED UNDER PROPOSITION 14. WE WILL THEN REVIEW  
10 THE JANUARY THROUGH JUNE 2021 RESEARCH BUDGET AND  
11 THEN THE PROPOSED RESEARCH BUDGET FOR THE UPCOMING  
12 FISCAL YEAR, THE MAJOR DRIVERS, FINANCIAL  
13 CONSIDERATIONS, AND THE PROPOSED BUDGET.

14 SO BEFORE WE DISCUSS THE CURRENT RESEARCH  
15 BUDGET, I WOULD LIKE TO PROVIDE A BRIEF OVERVIEW OF  
16 THE RESEARCH BUDGET ALLOCATION UNDER PROP 14. SO  
17 PROPOSITION 14 PROVIDES \$5.5 BILLION IN GENERAL  
18 OBLIGATION BOND FUNDING FOR CIRM AWARDS AND  
19 ADMINISTRATION. OF THIS, 4.9 BILLION IS AVAILABLE  
20 FOR FUNDING RESEARCH AWARDS, WHICH IS 99 MILLION  
21 ALLOCATED TO ACCESS AND AFFORDABILITY FUNDING. THE  
22 PROPOSITION PROVIDES A MAXIMUM ALLOCATION FOR THE  
23 ANNUAL RESEARCH GRANT BUDGET WHICH IS FOR YEAR ONE  
24 AND YEAR TWO \$517 MILLION PER YEAR PLUS AN  
25 ADDITIONAL 10.5 MILLION PER YEAR FOR ACCESS AND

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1 AFFORDABILITY. IT THEN STIPULATES YEARS THREE  
2 THROUGH TEN WE CAN ALLOCATE 423 MILLION PER YEAR  
3 PLUS AN ADDITIONAL 8.6 MILLION PER YEAR FOR ACCESS  
4 AND AFFORDABILITY. AND THEN THERE ARE ALSO, AS  
5 MENTIONED IN THE CHAIR'S REPORT, SPECIFIC  
6 ALLOCATIONS IN THE RESEARCH BUDGET. OF THE 4.9  
7 BILLION, 1.38 BILLION IS FOR DISEASES AND CONDITIONS  
8 OF THE BRAIN AND CENTRAL NERVOUS SYSTEM; 26 MILLION  
9 FOR SHARED LABS, AND 78 MILLION FOR COMMUNITY CARE  
10 CENTERS.

11 I JUST WANTED TO HIGHLIGHT THIS AS YOU  
12 REVIEW THE PROPOSED BUDGET. AS WE ARE OPERATING IN  
13 THE FIRST THREE YEARS, OUR MAXIMUM ANNUAL ALLOCATION  
14 UNDER PROP 14 IS 517 MILLION. AND IN AN UPCOMING  
15 BOARD MEETING AT THE END OF THE YEAR, ALONG WITH THE  
16 STRATEGIC PLAN, WE WILL BE PROVIDING A RESEARCH AND  
17 ADMINISTRATIVE FORECAST THAT SHOWS THIS SPEND-OUT  
18 UNDER PROP 14 FOR THIS BOARD'S REVIEW AND TO BECOME  
19 MORE FAMILIAR WITH.

20 SO FIRST I WANTED TO PROVIDE A BACKGROUND  
21 ON THE CURRENT RESEARCH BUDGET FROM JANUARY THROUGH  
22 JUNE OF 2021. AS I MENTIONED IN THE ADMINISTRATIVE  
23 PRESENTATION, IT WAS A UNIQUE YEAR, BUT FOR THE  
24 RESEARCH BUDGET IT'S UNIQUE AS IT WAS A SIX-MONTH  
25 PERIOD. IN CALENDAR YEAR 2020, WE WERE OPERATING IN

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1 A WIND-DOWN WITH LIMITED RESEARCH DOLLARS. THUS,  
2 WITH THE PASSAGE OF PROPOSITION 14, THIS ICOC  
3 APPROVED A RESEARCH BUDGET IN DECEMBER OF 2020 TO  
4 REOPEN OUR CORE PILLAR PROGRAMS IN DISCOVERY,  
5 TRANSLATIONAL, AND CLINICAL, AND THEN SUBSEQUENTLY  
6 APPROVED ADDITIONAL CONCEPTS IN THE EDUCATION AND  
7 INFRASTRUCTURE PILLAR. ALSO, PRIOR TO 20/21, IT'S  
8 IMPORTANT TO NOTE THAT THE RESEARCH BUDGET HAD BEEN  
9 ALLOCATED ON A CALENDAR YEAR BASIS INSTEAD OF FISCAL  
10 YEAR. SO IN ORDER TO ALIGN THE RESEARCH BUDGET WITH  
11 OUR ADMINISTRATIVE BUDGET AND THE STATE OF  
12 CALIFORNIA'S BUDGETING CALENDAR, THIS RESEARCH  
13 BUDGET WILL NOW BE MOVED TO A FISCAL YEAR PERIOD  
14 FROM JULY TO JUNE. THUS, THE RESEARCH BUDGET  
15 APPROVED IN DECEMBER OF 2020 WAS, AGAIN, ONLY A  
16 SIX-MONTH PERIOD FROM JANUARY THROUGH JUNE 2021.

17 SO HERE IS THE ALLOCATED RESEARCH BUDGET  
18 FOR YEAR ONE OF PROPOSITION 14 FUNDING, WHICH,  
19 AGAIN, IS A SHORTER TIMELINE OF SIX MONTHS. AS YOU  
20 CAN SEE, A HUNDRED MILLION WAS ALLOCATED TO OUR  
21 CLINICAL PROGRAM, 60 MILLION TO TRANSLATIONAL, 22  
22 MILLION TO OUR QUEST PROGRAM, WHICH FALLS UNDER OUR  
23 DISCOVERY PILLAR, OF 22 MILLION.

24 ADDITIONALLY OVER THIS PAST SIX MONTHS,  
25 THIS BOARD HAS BEEN VERY BUSY MEETING AND APPROVING

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1 ADDITIONAL CONCEPTS. IN OUR EDUCATION PILLAR WITH  
2 OUR BRIDGES AND RESEARCH TRAINING AND SPARK AWARDS,  
3 THAT TOTAL 170.6 MILLION AND ALSO INCLUDED A  
4 SUPPLEMENT FOR OUR EXISTING BRIDGES PROGRAMS AS WELL  
5 AS A SUPPLEMENT FOR OUR ALPHA CLINICS IN OUR  
6 INFRASTRUCTURE PILLAR OF 3.4 MILLION. THUS, THE  
7 TOTAL RESEARCH BUDGET FOR THIS PERIOD, THIS  
8 SIX-MONTH PERIOD, IS \$356 MILLION.

9 ON THIS NEXT SLIDE I WILL SHOW THE  
10 COMMITMENTS TO DATE. SO THIS SLIDE SHOWS THE  
11 APPROVED ALLOCATION COMMITMENTS THROUGH JUNE 30TH OF  
12 THIS YEAR AND OUR ESTIMATED REMAINING BALANCE. THE  
13 SECOND COLUMN, AS YOU CAN SEE, DISPLAYS OUR  
14 ESTIMATED COMMITMENTS THROUGH JUNE 2021 OF \$44.7  
15 MILLION, WHICH LEAVES A REMAINING BALANCE OF \$311  
16 MILLION. THIS REMAINING BALANCE IS SIGNIFICANT, AND  
17 IT'S DUE TO A FEW FACTORS.

18 THE CLINICAL PROGRAM HAS HAD \$26.3 MILLION  
19 COMMITTED TO DATE WHICH RESULTS IN A REMAINING  
20 BALANCE OF \$73.6 MILLION. WHEN THIS BUDGET WAS  
21 APPROVED, IT WAS ESTIMATED UNDER 12 CLINICAL REVIEWS  
22 UNDER OUR MONTHLY REVIEW CYCLE OVER A FULL YEAR  
23 PERIOD. HOWEVER, WHEN THIS WAS MOVED TO A SHORTENED  
24 TIMELINE OF SIX MONTHS, THE COMMITTED AWARDS DIDN'T  
25 MATURE AT THE RATE THAT WE EXPECTED AS THE PERIOD

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1 SHRANK.

2 ADDITIONALLY, I JUST WANTED TO REPORT THAT  
3 THE APPLICATION VOLUME HAS BEEN STEADY IN THIS AREA  
4 AS WE RESTARTED OUR PROGRAMS, BUT JUST NOT ALL THE  
5 APPLICATIONS HAVE MADE IT THROUGH THE FULL CYCLE AND  
6 RECEIVED A TIER I RECOMMENDATION COMING TO THE BOARD  
7 AT THIS TIME.

8 SIMILARLY, IN OUR TRANSLATIONAL PROGRAM,  
9 THE BUDGET SUPPORTED TWO REVIEWS OVER A 12-MONTH  
10 PERIOD WITH AN INCREASED APPLICATION VOLUME. SO WE  
11 ALLOCATED 60 MILLION AS WE ANTICIPATED THAT THIS  
12 PROGRAM HAD NOT BEEN OFFERED SINCE 2019. HOWEVER,  
13 DURING THIS PERIOD ONLY ONE REVIEW OCCURRED WITH  
14 THREE AWARDS APPROVED BY THIS BOARD IN MAY RESULTING  
15 IN A BALANCE OF \$45.5 MILLION.

16 AND THEN LASTLY, I WANTED TO HIGHLIGHT,  
17 DUE TO THE SHORTER BUDGET PERIOD AND THE ACCELERATED  
18 PACE WHICH WE RELAUNCHED OUR PILLAR PROGRAMS AND OUR  
19 EDUCATION PROGRAMS, THERE ARE SEVERAL APPROVED  
20 CONCEPTS THAT HAVE FUNDS ALLOCATED TO THEM IN THIS  
21 PERIOD WHICH ARE NOTED ON THE SLIDE THAT WILL NOT  
22 COME TO THIS BOARD FOR APPROVAL UNTIL THE NEXT  
23 FISCAL YEAR PERIOD. THOSE ARE IN OUR QUEST,  
24 BRIDGES, RESEARCH TRAINING AND SPARKS PROGRAMS. SO  
25 THESE ARE NOTED IN THE REMAINING BALANCE COLUMN;

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1       HOWEVER, IT'S IMPORTANT TO NOTE THAT THESE FUNDS  
2       HAVE NOT BEEN REALIZED, BUT THEY TOTAL ABOUT \$192  
3       MILLION. ANY REMAINING BALANCE FROM ANY OF THESE  
4       PILLARS WILL BE AVAILABLE FOR FUTURE YEAR RESEARCH  
5       BUDGET ALLOCATIONS FOR THIS BOARD.

6               SO NEXT I'M GOING TO TURN TO THE FISCAL  
7       YEAR 21/22 BUDGET. BEFORE I PRESENT THE ACTUAL  
8       BUDGET, I WANTED TO SHARE THE MAJOR DRIVERS OF THIS  
9       BUDGET AND CONSIDERATIONS FOR THIS BUDGET PROPOSAL.  
10       THIS BUDGET ANTICIPATES INCREASED REVIEWS AND THE  
11       VOLUME OF APPLICATIONS FOR A 12-MONTH PERIOD OF 22  
12       REVIEWS, AND IT INCLUDES CONTINUED FUNDING OF OUR  
13       RECURRING PROGRAM ANNOUNCEMENTS IN DISCOVERY,  
14       TRANSLATION, AND CLINICAL.

15               THE EDUCATION BUDGET INCLUDES FUNDING FOR  
16       A CONFERENCE GRANT CONCEPT WHICH ALLOWS FOR AWARDS  
17       TO BE MADE TO AN EXISTING NON-CIRM DIRECTED  
18       CONFERENCE OR PROVIDES AN OPTION FOR A CIRM-DIRECTED  
19       CONFERENCE THROUGH A TARGETED RFA SUCH AS THE  
20       GRANTEE MEETING THAT WE HOSTED IN 2020. THE  
21       EDUCATION BUDGET ALSO INCLUDES FUNDS FOR A FUTURE  
22       TRAINING PROGRAM CONCEPT FOR UNDERGRADUATE STUDENTS  
23       MENTIONED BY DR. MILLAN IN HER PRESENTATION THAT  
24       WOULD COME TO THIS BOARD FOR CONSIDERATION LATER  
25       THIS FISCAL YEAR ALONG WITH A BUDGET RATIONALE WITH

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1 THAT CONCEPT. AND SIMILARLY, A BASIC RESEARCH  
2 CONCEPT IS BEING DEVELOPED IN OUR DISCOVERY PROGRAM  
3 THAT WILL BE BROUGHT TO THIS BOARD AS WELL IN THE  
4 FALL.

5 AND LASTLY, AS MENTIONED, WE WILL BE  
6 BRINGING A REVISED 21/22 BUDGET TO THE ICOC IN  
7 DECEMBER ALONG WITH THE STRATEGIC PLAN WHICH WOULD  
8 INCORPORATE ANY NEW CONCEPTS IN THAT PLAN THAT IS  
9 APPROVED BY THIS BOARD.

10 SO THIS NEXT TWO SLIDES SUMMARIZE THE  
11 FINANCIAL CONSIDERATIONS THAT SUPPORT THE PROPOSED  
12 BUDGET. THE CLINICAL BUDGET REQUEST OF 162 MILLION  
13 IS BASED ON SEVERAL FACTORS. IT INCLUDES THE  
14 MAXIMUM NUMBER OF AWARDS FUNDED IN A YEAR  
15 HISTORICALLY ALONG WITH THE AVERAGE AWARD AMOUNT AS  
16 WELL AS PARTNERING THAT WITH THE ANTICIPATED VOLUME  
17 THAT WE ARE SEEING IN OUR THERAPEUTICS TEAM FROM  
18 THEIR HUNTING EFFORTS. AND ALTHOUGH THAT WE CANNOT  
19 KNOW HOW MANY APPLICATIONS WILL BE SCORED FAVORABLY  
20 BY THE GWG, WE HAVE PROJECTED THAT THIS WILL BE 15  
21 AWARDS, AND WE THINK THAT THAT'S ACHIEVABLE FOR OUR  
22 CLINICAL STAGE PROJECTS, CLIN2, AT 8.9 MILLION PER  
23 AWARD, AND FOR OUR LATE STAGE PRECLINICAL PROJECTS  
24 OR CLIN1 WE HAVE BUDGETED FOR SIX AWARDS AT 4.8  
25 MILLION PER AWARD. AND, AGAIN, BOTH OF THESE

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1 PROGRAMS ARE OFFERED ON A MONTHLY BASIS.

2 THE TRANSLATIONAL BUDGET REQUEST OF 52  
3 MILLION IS BASED ON THE AVERAGE NUMBER OF AWARDS  
4 FUNDED PER REVIEW ALONG WITH THE AVERAGE AWARD  
5 AMOUNT THAT WE TYPICALLY GET IN OUR APPLICATIONS IN  
6 THIS PROGRAM AREA ALONG WITH THE ANTICIPATED VOLUME.  
7 SO GIVEN THE STAGE OF RESEARCH AND THE MOST RECENT  
8 TRANSLATIONAL ROUND THAT WE CONDUCTED IN 2021, THE  
9 APPLICATIONS IN THIS STAGE -- MANY APPLICATIONS IN  
10 THIS STAGE OF DEVELOPMENT RECEIVE FEEDBACK FROM OUR  
11 REVIEWERS AND DON'T NECESSARILY MAKE IT TO THE BOARD  
12 FOR APPROVAL AND HAVE AN OPPORTUNITY TO REAPPLY.  
13 THUS, WE ARE SEEING THAT THE VOLUME IS REALLY  
14 FALLING LOWER THAN OUR ESTIMATES OF FOUR AWARDS PER  
15 REVIEW. AND WE WILL BE CONDUCTING THREE REVIEWS  
16 OVER THIS PERIOD AT AN AVERAGE AWARD AMOUNT WE ARE  
17 ESTIMATING AT ABOUT 4.3 MILLION PER AWARD.

18 OUR PROPOSED DISCOVERY BUDGET OF 80  
19 MILLION INCLUDES FUNDING FOR OUR QUEST PROGRAM, OUR  
20 DISC2, AND ALSO A BASIC RESEARCH CONCEPT THAT I  
21 MENTIONED. THE QUEST PROGRAM IS THE PROGRAM  
22 ANNOUNCEMENT THAT WE RECEIVED THE HIGHEST DEMAND  
23 HISTORICALLY, AND IN THE MOST RECENT ROUND IN 20/21,  
24 THIS IS ALIGNED WITH THE KIND OF TRAJECTORY WE'VE  
25 SEEN IN PREVIOUS APPLICATION ROUNDS. THUS, WE USED

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1 THE AVERAGE NUMBER OF AWARDS FUNDED PER REVIEW AS  
2 THE BENCHMARK FOR THIS PROGRAM BUDGET, ALIGNING THAT  
3 UP FOR WHEN WE HAD FULL FUNDING IN OUR RESEARCH  
4 BUDGET FOR THIS PROGRAM ALONG WITH ESTIMATING ABOUT  
5 A 20-PERCENT INCREASE. SO WE ARE ESTIMATING ABOUT  
6 15 AWARDS FOR REVIEW AND CONDUCTING TWO REVIEWS  
7 DURING THIS UPCOMING FISCAL YEAR AT AN AVERAGE  
8 DOLLAR AMOUNT OF 1.3 MILLION PER AWARD.

9 WE ALSO HAVE INCLUDED FUNDS IN  
10 ANTICIPATION OF THE BASIC RESEARCH CONCEPT THAT DR.  
11 MILLAN MENTIONED THAT WILL COME TO THE BOARD LATER  
12 THIS YEAR.

13 THE PROPOSED EDUCATION BUDGET IS 66  
14 MILLION, AND THIS INCLUDES THE RESTART OF THE  
15 CONFERENCE GRANT PROGRAM THAT I MENTIONED WITH FUNDS  
16 ALLOCATED OF 1.2 MILLION BASED ON OUR HISTORICAL  
17 ANALYSIS OF THIS PROGRAM OVER THE PAST FIVE YEARS.  
18 AND WE'VE ALSO INCLUDED FUNDS FOR AN UNDERGRADUATE  
19 TRAINING PROGRAM THAT, AS MENTIONED, IS CURRENTLY IN  
20 DEVELOPMENT AND WILL BE COMING TO THIS BOARD FOR  
21 CONSIDERATION LATER THIS YEAR.

22 SO HERE IS THE PROPOSED CURRENT RESEARCH  
23 BUDGET FOR 21/22 ALONGSIDE OUR CURRENT FISCAL YEAR  
24 BUDGET. AS MENTIONED, OUR CURRENT BUDGET IS 356  
25 MILLION. AND I WOULD LIKE TO HIGHLIGHT THAT THE

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1 DISCOVERY AND EDUCATION PROGRAMS, AGAIN, HAVE  
2 APPLICATIONS THAT WILL BE COMING TO THIS BOARD AND  
3 BE COMMITTED IN THE 21/22 PERIOD, BUT THESE ARE NOT  
4 ASSUMED IN THIS PROPOSED BUDGET.

5 SO THE PROPOSED 21/22 FISCAL YEAR BUDGET  
6 INCLUDES A BUDGET, AGAIN, FOR CLINICAL OF 162  
7 MILLION, NOT INCLUDING OUR CURE SICKLE CELL  
8 ALLOCATION OF 30 MILLION; 52 MILLION FOR OUR  
9 TRANSLATIONAL PROGRAM, 80 MILLION FOR DISCOVERY, 66  
10 MILLION FOR EDUCATION, AND NO FUNDS AT THIS TIME FOR  
11 OUR INFRASTRUCTURE PROGRAM FOR A TOTAL RESEARCH  
12 BUDGET OF 360 MILLION.

13 AND, FINALLY, BEFORE I END MY  
14 PRESENTATION, I DID WANT TO HIGHLIGHT FOR MANY OF  
15 THE NEW BOARD MEMBERS AND THOSE LEARNING ABOUT OUR  
16 PROGRAMS THAT OUR TRANSLATIONAL AND CLINICAL  
17 PROGRAMS INCLUDE REQUIREMENTS FOR CO-FUNDING WHICH  
18 LEVERAGE THIS BOARD'S INVESTMENT AND CIRM'S  
19 INVESTMENT AND ENSURES THAT AWARDEES ARE ALSO  
20 BRINGING ADDITIONAL FUNDS TO PROJECTS TO MOVE THEM  
21 FORWARD. THUS, I WANTED TO JUST PROVIDE A HIGH  
22 LEVEL TABLE THAT SHOWS THE MAXIMUM CIRM WILL PROVIDE  
23 FOR, BASED ON THE PROGRAM TYPE, BUT ALSO THE TYPE OF  
24 AWARD INSTITUTION, AND IT ALSO INCLUDES THE REQUIRED  
25 CO-FUNDING MINIMUM FOR EACH OF THESE PROGRAM PHASES.

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1 AND SO JUST WANTED YOU TO KEEP THAT IN MIND AS WELL  
2 AS YOU'RE THINKING THIS THROUGH.

3 AND JUST FOR REFERENCE, UNDER PROPOSITION  
4 71, \$1.1 BILLION WERE COMMITTED IN REQUIRED  
5 CO-FUNDING FROM OUR AWARDEES OF THE 3 BILLION IN  
6 RESEARCH DOLLARS THAT WE DEPLOYED.

7 SO AT THIS TIME THE CIRM TEAM IS  
8 REQUESTING THAT THE ICOC APPROVE THIS PROPOSED 21/22  
9 FISCAL YEAR RESEARCH BUDGET OF 360 MILLION. AND I  
10 CAN TAKE ANY QUESTIONS AS WELL.

11 CHAIRMAN THOMAS: THANK YOU, JENN.  
12 GEORGE.

13 DR. BLUMENTHAL: FIRST OF ALL, THANK YOU  
14 FOR A VERY CLEAR PRESENTATION ON BOTH BUDGETS THAT  
15 YOU'VE JUST DONE. I THINK THAT'S REALLY HELPFUL TO  
16 THE BOARD. I HAVE A VERY QUICK QUESTION FOR YOU.

17 YOU MENTIONED THAT THERE'S AN ANNUAL  
18 LIMITATION BASED ON THE PROPOSITION IN TERMS OF WHAT  
19 COULD BE EXPENDED. THE UNUSED PORTION IN ANY YEAR,  
20 CAN THAT BE MOVED TO THE FOLLOWING YEAR TO INCREASE  
21 THAT YEAR'S ALLOCATION OR MUST IT BE SAVED TO THE  
22 END?

23 MS. LEWIS: NO. SO WE CAN -- THE  
24 REMAINING BALANCE OF THOSE FUNDS CAN BE USED IN  
25 FUTURE FISCAL YEARS WHETHER IT'S THE NEXT FISCAL

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1 YEAR OR FUTURE YEARS DOWN THE LINE.

2 DR. BLUMENTHAL: THANK YOU.

3 CHAIRMAN THOMAS: OKAY. STEVE, DO YOU  
4 HAVE ANY FURTHER COMMENTS AT THIS POINT?

5 MR. JUELSGAARD: NO, I DON'T. I'M FINE.  
6 AGAIN, THIS HAS BEEN DISCUSSED BEFORE AT THE  
7 SCIENTIFIC SUBCOMMITTEE. SO I'M ON BOARD.

8 CHAIRMAN THOMAS: OKAY. THANK YOU. AL,  
9 DO YOU HAVE ANY COMMENTS ON THIS AS THE ABOUT-TO-BE  
10 INCOMING CHAIR OF FINANCE?

11 MR. ROWLETT: NO. I DITTO WHAT STEVE SAID  
12 AND THIS HAS BEEN DISCUSSED THOROUGHLY.

13 CHAIRMAN THOMAS: OKAY. THANK YOU. DO I  
14 HEAR A MOTION TO APPROVE?

15 MR. ROWLETT: I'LL MOVE IT.

16 DR. MARTIN: SO MOVED.

17 MS. BONNEVILLE: THAT WAS AL AND DAVE.  
18 THANK YOU.

19 CHAIRMAN THOMAS: THANK YOU. AND LARRY OR  
20 OS OR LARRY, AS HEADS OF THE SCIENCE SUBCOMMITTEE,  
21 DO YOU HAVE ANY COMMENTS ON THIS PORTION OF THE  
22 BUDGET?

23 DR. GOLDSTEIN: NO, I DON'T.

24 DR. STEWARD: NO, I DON'T. SORRY.

25 DR. GOLDSTEIN: GO AHEAD, OS.

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1 DR. STEWARD: OKAY. THANKS, LARRY. NO, I  
2 DON'T. WE COULD DO A DUET IF YOU WANTED. I THINK  
3 THAT THIS IS EXTREMELY WELL THOUGHT OUT AND JUST,  
4 AGAIN, A REFLECTION OF EXTREMELY HARD WORK BY CIRM  
5 STAFF, THOUGHTFUL WORK IN TERMS OF WHERE THINGS NEED  
6 TO GO TO ADVANCE TREATMENTS AND CURES FOR PATIENTS.  
7 SO IT LOOKS GREAT TO ME. THANK YOU.

8 DR. GOLDSTEIN: I'LL JUST ECHO WHAT OS  
9 SAID AND THANK JENNIFER FOR A VERY CLEAR AND  
10 VALUABLE PRESENTATION.

11 CHAIRMAN THOMAS: OKAY. THANK YOU. DO WE  
12 HEAR A MOTION TO APPROVE THIS SCIENCE BUDGET?

13 MS. BONNEVILLE: WE HAVE A MOTION, J.T.  
14 IT WAS BY AL AND DAVE.

15 CHAIRMAN THOMAS: OKAY. I'M SORRY.  
16 FURTHER COMMENTS FROM MEMBERS OF THE BOARD? HEARING  
17 NONE, ANY PUBLIC COMMENT?

18 MS. BONNEVILLE: THERE ARE NO HANDS  
19 RAISED.

20 CHAIRMAN THOMAS: THANK YOU. MARIA, WILL  
21 YOU PLEASE CALL THE ROLL.

22 MS. BONNEVILLE: DAN BERNAL. GEORGE  
23 BLUMENTHAL.

24 DR. BLUMENTHAL: YES.

25 MS. BONNEVILLE: LINDA BOXER.

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DR. BOXER: YES.

MS. BONNEVILLE: ALLISON BRASHEAR.

DR. BRASHEAR: YEP. YES.

MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

DEBORAH DEAS.

DR. DEAS: YES.

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

YSABEL DURON. MARK FISCHER-COLBRIE. YSABEL, ARE  
YOU BACK?

DR. FISCHER-COLBRIE: YES.

MS. DURON: YES, I'M BACK. I DIDN'T HEAR  
THE DISCUSSION. I DID READ THE REPORT. SO I WILL  
SUPPORT, YES.

MS. BONNEVILLE: THANK YOU. AND,  
ANNE-MARIE, I SEE YOU, BUT YOU'RE ON MUTE. SO I  
DON'T KNOW IF YOU JUST STEPPED OUT FOR A MOMENT.  
OKAY. MARK FISCHER-COLBRIE.

DR. FISCHER-COLBRIE: YES.

MS. BONNEVILLE: FRED FISHER.

DR. FISHER: YES.

MS. BONNEVILLE: ELENA FLOWERS. JUDY  
GASSON.

DR. GASSON: YES.

MS. BONNEVILLE: LARRY GOLDSTEIN.

DR. GOLDSTEIN: YES.

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1 MS. BONNEVILLE: DAVID HIGGINS.  
2 DR. HIGGINS: YES.  
3 MS. BONNEVILLE: STEVE JUELSGAARD.  
4 MR. JUELSGAARD: YES.  
5 MS. BONNEVILLE: JOSEPH KIM.  
6 DR. KIM: YES.  
7 MS. BONNEVILLE: PAT LEVITT.  
8 DR. LEVITT: YES.  
9 MS. BONNEVILLE: LINDA MALKAS.  
10 DR. MALKAS: YES.  
11 MS. BONNEVILLE: DAVE MARTIN.  
12 DR. MARTIN: YES.  
13 MS. BONNEVILLE: SHLOMO MELMED.  
14 DR. MELMED: YES.  
15 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
16 DR. MIASKOWSKI: YES.  
17 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
18 MS. MILLER-ROGEN: YES.  
19 MS. BONNEVILLE: ADRIANA PADILLA.  
20 DR. PADILLA: YES.  
21 MS. BONNEVILLE: JOE PANETTA.  
22 MR. PANETTA: YES.  
23 MS. BONNEVILLE: AL ROWLETT.  
24 MR. ROWLETT: YES.  
25 MS. BONNEVILLE: MICHAEL STAMOS.

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1 DR. STAMOS: YES.  
2 MS. BONNEVILLE: OS STEWARD.  
3 DR. STEWARD: YES.  
4 MS. BONNEVILLE: JONATHAN THOMAS.  
5 CHAIRMAN THOMAS: YES.  
6 MS. BONNEVILLE: ART TORRES.  
7 MR. TORRES: YES.  
8 MS. BONNEVILLE: KRISTINA VUORI.  
9 DR. VUORI: YES.  
10 MS. BONNEVILLE: KAROL WATSON. I'M GOING  
11 TO GO BACK TO IS ANNE-MARIE BACK ON THE LINE? AND  
12 CAROL. OKAY. THANK YOU. MOTION CARRIES.  
13 CHAIRMAN THOMAS: THANK YOU, MARIA. AND,  
14 OS, I THINK A DUET IN THE FUTURE WOULD BE AN  
15 EXCELLENT IDEA. SO PERHAPS YOU GUYS CAN SORT OF  
16 WORK ON THAT.  
17 SO WITH THAT, WE'RE GOING TO TAKE A BREAK.  
18 IT'S 12:01. I'D LIKE, IF WE COULD, DO A 15-MINUTE  
19 BREAK TO ALLOW YOU TO GET YOUR LUNCH AND WE'LL  
20 RESUME PROMPTLY AT 12:16 WITH THE BALANCE OF THE  
21 AGENDA. THANK YOU.  
22 (A RECESS WAS TAKEN.)  
23 CHAIRMAN THOMAS: WELCOME BACK, EVERYBODY.  
24 WE CAN RECONVENE AT THIS POINT. WE ARE CONTINUING  
25 WITH THE ACTION ITEMS. START WITH NO. 9,

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1 CONSIDERATION OF AMENDMENTS TO THE CLINICAL,  
2 TRANSLATION, AND DISCOVERY STAGE CONCEPT PLANS. DR.  
3 SAMBRANO WILL BE PRESENTING.

4 DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.  
5 I'M GOING TO SHARE MY SCREEN. GIVE ME ONE MOMENT.  
6 LET ME START THE PRESENTATION HERE. OKAY.

7 SO GOOD AFTERNOON. SO JUST A LITTLE  
8 BACKGROUND ON THESE CONCEPT AMENDMENTS. AS WAS  
9 MENTIONED EARLIER, IN DECEMBER THE BOARD CONSIDERED  
10 AND APPROVED CHANGES TO THE DISCOVERY,  
11 TRANSLATIONAL, AND CLINICAL CONCEPTS TO ALLOW US TO  
12 RELAUNCH THESE CORE PROGRAMS STARTING JANUARY 2021  
13 UNDER PROP 14. AND SO AT THIS TIME WE ARE BRINGING  
14 SOME ADDITIONAL CHANGES JUST TO ENSURE SOME  
15 CONSISTENCY AMONG THESE CONCEPTS, BASICALLY SOME  
16 CLEANUP, AND TO REMOVE SOME UNNECESSARY BARRIERS TO  
17 APPLICANTS THAT WE'VE IDENTIFIED. BUT LATER THIS  
18 YEAR WE'RE GOING TO BE BRINGING ADDITIONAL AND MORE  
19 COMPREHENSIVE CHANGES THAT WILL ALIGN THE CONCEPTS  
20 WITH THE NEW STRATEGIC PLAN DRAFT THAT WE WILL BRING  
21 AT THAT TIME AS WELL.

22 SO I WANT TO GO OVER IN THE NEXT FEW  
23 SLIDES WHAT IS PERHAPS THE MORE SIGNIFICANT OR  
24 COMPREHENSIVE CHANGE IN THESE CONCEPTS THAT WE ARE  
25 BRINGING TO YOU. SO I'LL START WITH JUST THE

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1 LANGUAGE IN PROP 71 THAT WAS CARRIED OVER TO PROP 14  
2 AS WELL. AND SO THIS IS A SPECIFIC REQUIREMENT THAT  
3 STATES, "IN ORDER TO ENSURE THAT INSTITUTE FUNDING,"  
4 MEANING CIRM, "DOES NOT DUPLICATE OR SUPPLANT  
5 EXISTING FUNDING, A HIGH PRIORITY SHALL BE PLACED ON  
6 FUNDING PLURIPOTENT STEM CELL AND PROGENITOR CELL  
7 RESEARCH THAT CANNOT OR IS UNLIKELY TO RECEIVE  
8 TIMELY OR SUFFICIENT FEDERAL FUNDING UNENCUMBERED BY  
9 LIMITATIONS THAT WOULD IMPEDE THE RESEARCH. AND SO  
10 IN THIS REGARD OTHER RESEARCH CATEGORIES FUNDED BY  
11 THE NIH SHALL NOT BE FUNDED BY THE INSTITUTE UNLESS  
12 SUCH RESEARCH FUNDING IS NOT TIMELY OR SUFFICIENT."  
13 AND SO THE TIMELY OR SUFFICIENT IS SORT OF THE  
14 OPERATIVE AND CRITICAL ELEMENTS HERE.

15 AND WE DISCUSSED THIS TO SOME EXTENT AT  
16 THE MARCH BOARD MEETING IN TERMS OF HOW CIRM HAS  
17 DEALT WITH IT AND POSSIBLE WAYS OF DEALING WITH IT  
18 GOING FORWARD. SO THE WAY WE HAVE DONE IT UP UNTIL  
19 NOW IS WE HAVE HAD LANGUAGE IN THE ELIGIBILITY  
20 REQUIREMENTS OF THE RFA OR PROGRAM ANNOUNCEMENT THAT  
21 IS AKIN TO WHATEVER THE ELIGIBILITY OF THE CANDIDATE  
22 WOULD BE, THAT IT ALSO IS BEING DEVELOPED FOR A  
23 RARE, UNMET MEDICAL NEED UNLIKELY TO RECEIVE FUNDING  
24 FROM OTHER SOURCES. AND SO THIS UNLIKELY TO RECEIVE  
25 FUNDING FROM OTHER SOURCES HAS BEEN DIFFICULT FOR

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1 EITHER CIRM OR THE GRANTS WORKING GROUP TO ASSESS IN  
2 AN OBJECTIVE OR MEANINGFUL WAY ON AN  
3 APPLICATION-BY-APPLICATION BASIS.

4 AND SO OUR PROPOSAL FOR RESOLVING THIS IS  
5 TO BASICALLY HAVE THIS DETERMINATION MADE AT THE  
6 CONCEPT LEVEL. AND SO OUR ARGUMENT IS AS FOLLOWS:  
7 ALTHOUGH NIH PROVIDES FUNDING IN MANY AREAS IN WHICH  
8 CIRM IS ACTIVE, SUCH FUNDING IS NOT TIMELY OR  
9 SUFFICIENT UNTIL REALLY THERE IS A WIDELY AVAILABLE  
10 TREATMENT OR CURE. SO CIRM'S VALUE PROPOSITION IS  
11 ACCELERATE THE DELIVERY OF TREATMENTS AND CURES  
12 THROUGH TARGETED FUNDING AND ACTIVE AWARD MANAGEMENT  
13 INCLUDING PROVIDING ONGOING EXPERTISE AND RESOURCES  
14 TO AWARDEES.

15 SO, THEREFORE, WE PROPOSE THAT THE ICOC  
16 DETERMINE VIA THE CONCEPT APPROVAL THAT THE PROPOSED  
17 CONCEPT PLAN SATISFIES THIS REQUIREMENT FOR  
18 PROVIDING FUNDING AND OTHER RESOURCES THAT HELP  
19 PROMOTE THE FASTER, MORE EFFICACIOUS RESULT IN THE  
20 ABSENCE OF CIRM FUNDING.

21 OKAY. AND SO THIS HERE IS JUST AN EXAMPLE  
22 OF THE TEXT. YOU HAVE, I THINK, IN THE MATERIALS  
23 PROVIDED THE EDITS OR PROPOSED CHANGES FOR THE  
24 DISCOVERY, TRANSLATIONAL, AND CLINICAL CONCEPTS.  
25 AND SO THIS IS JUST THE EXAMPLE TAKEN OUT OF THE

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1 CLIN1 CONCEPT AND WHAT THE LANGUAGE LOOKS LIKE IN  
2 TERMS OF JUST STRESSING THAT THE CLIN PROGRAM IN  
3 THIS EXAMPLE IS ONE OF OUR PROGRAMS THAT CONTINUES  
4 TO OFFER AN OPPORTUNITY FOR THE TYPES AND STAGES OF  
5 CLINICAL RESEARCH THAT OTHERWISE DO NOT EXIST OR ARE  
6 OF LIMITED SCOPE AND FOCUS TO ADVANCE THE FIELD OF  
7 REGENERATIVE MEDICINE.

8 WE GO ON TO SAY THAT THE FEDERAL FUNDING  
9 HAS LIMITATIONS FOR A VARIETY OF REASONS, INCLUDING  
10 THAT MANY OF THOSE OFFERINGS ARE PRIMARILY DRIVEN BY  
11 INTERNAL PRIORITIES AND INTERESTS OF THE  
12 ADMINISTERING BODY. THEY ARE OFTEN UNPREDICTABLE  
13 AND LIMITED IN SCOPE AND FOCUS. AND SO THE CLIN1,  
14 AS ONE EXAMPLE, AND IT'S TRUE FOR OUR CORE PRODUCT  
15 DEVELOPMENT PROGRAMS, ARE DIFFERENT FROM OTHER  
16 FUNDING SOURCES. THEY PROVIDE RELIABLE AND  
17 PREDICTABLE FUNDING THROUGHOUT THE AWARD PERIOD, AND  
18 THAT IS BECAUSE WE DON'T RELY ON AN ANNUAL  
19 ALLOCATION FOR ALREADY EXISTING AWARDS. THE  
20 COMMITMENTS ARE MADE UP FRONT. AND SO ONCE THAT  
21 COMMITMENT IS MADE, THE FUNDING IS AVAILABLE FOR  
22 THAT AWARD AND DURING THE ENTIRE PERIOD OF IT.

23 WE ALSO BRING TO BEAR EXPERT CIRM STAFF  
24 AND ADVICE TO SUPPORT ACCELERATED OUTCOMES AND  
25 ADVANCEMENTS OF THE PROJECTS ALONG THOSE STAGES OF

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1 DEVELOPMENT. AND SO THE EXAMPLES OF THIS ARE THE  
2 CLINICAL ADVISORY PANELS, THE TRANSLATIONAL ADVISORY  
3 PANELS, THE ONGOING GUIDANCE THAT CIRM SCIENCE  
4 OFFICERS PROVIDE TO THE PROJECTS, AND ALSO THE WAY  
5 WE STRUCTURE THESE OPPORTUNITIES SO THAT EACH OF  
6 THEM IS STRIVING TO ACHIEVE A CLEAR OUTCOME THAT IS  
7 GOING TO ALLOW THEM TO GO TO THE NEXT STAGE.

8 SO, FOR EXAMPLE, FOR A TRAN, IT IS GETTING  
9 TO A PRE-IND MEETING. FOR A CLIN1, IT IS SUBMITTING  
10 THE IND, AND SO ON. AND SO CIRM PROVIDES, THEN,  
11 THIS UNIQUE OPPORTUNITY TO CALIFORNIA SCIENTISTS TO  
12 SUPPORT STAGES IN THE DEVELOPMENT OF CLINICAL, IN  
13 THIS CASE CLIN1, RESEARCH PROJECTS THAT ARE UNLIKELY  
14 TO RECEIVE TIMELY OR SUFFICIENT FUNDING FROM OTHER  
15 SOURCES.

16 AND SO WE ARE GOING TO ADD THIS STATEMENT  
17 AND/OR VARIED JUST TO TAILOR THEM TO EACH OF THE  
18 CONCEPTS TO ADDRESS HOW THOSE PROGRAMS PROVIDE THAT  
19 UNIQUE OPPORTUNITY IN THOSE CONCEPT DOCUMENTS. AND  
20 THEN, CORRESPONDINGLY, WE ARE GOING TO REMOVE  
21 STATEMENTS IN THE ELIGIBILITY SECTION THAT WOULD  
22 REQUIRE APPLICANTS TO DEMONSTRATE THAT THEY ARE  
23 UNLIKELY TO RECEIVE TIMELY OR SUFFICIENT FUNDING  
24 FROM OTHER SOURCES.

25 SO THAT'S THAT CHANGE. AND THEN JUST VERY

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1 QUICKLY I'LL GO OVER SOME OF THE OTHER GLOBAL  
2 CHANGES THAT WE ARE PROPOSING.

3 WE ARE CONTINUING TO BROADLY INCLUDE GENE  
4 THERAPY PROJECTS AS IN SCOPE FOR CIRM FUNDING. WE  
5 DID THAT ALREADY FOR THE THERAPEUTIC CANDIDATES, BUT  
6 WE ARE NOW INCLUDING IT FOR THE DIAGNOSTIC, DEVICE,  
7 AND TOOL PROJECTS IN ALL OF THESE DIFFERENT  
8 CONCEPTS.

9 WE ARE REMOVING AN ELIGIBILITY REQUIREMENT  
10 THAT SMALL MOLECULE OR BIOLOGIC PROPOSALS HAD TO  
11 INVOLVE A THERAPEUTIC CANDIDATE THAT WAS PREVIOUSLY  
12 FUNDED BY CIRM. THIS WAS A REQUIREMENT THAT WAS  
13 INSERTED IN THE LAST COUPLE OF YEARS UNDER PROP 71.  
14 AS FUNDS WERE BECOMING MORE LIMITED, WE WANTED TO  
15 FOCUS OUR EFFORTS ON CELL THERAPY. AND SO WE  
16 THOUGHT AT THAT TIME THAT IF A SMALL MOLECULE OR  
17 BIOLOGIC PROPOSAL COMES TO US, IT WOULD HAVE TO BE  
18 ONE THAT WE HAVE ALREADY SUPPORTED. I THINK WHERE  
19 WE ARE NOW, WE ARE READY TO REOPEN THINGS TO ANY  
20 SMALL MOLECULE OR BIOLOGIC COMING OUR WAY, NOT  
21 NECESSARILY JUST THE ONES WE'VE PROPOSED IN THE  
22 PAST.

23 WE ARE ALSO MAKING SOME MINOR  
24 CLARIFICATIONS AND ADDING REGENERATIVE MEDICINE, OR  
25 AT LEAST THE TERM "REGENERATIVE MEDICINE," TO HELP

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1 BROADLY DESCRIBE THE SCOPE OF CIRM FUNDING.

2 AND THEN NEXT ARE SOME OF THE PROPOSED  
3 CHANGES TO EACH OF THESE THAT ARE MORE SPECIFIC. SO  
4 FOR THE DISC2 PROGRAM, THERE REALLY ISN'T VERY MUCH  
5 THERE OTHER THAN SOME MINOR CLARIFICATIONS IN THE  
6 DESCRIPTION OF ELIGIBLE GENE THERAPY CANDIDATES. WE  
7 NOTICED SOME LANGUAGE THAT WE THOUGHT MIGHT BE  
8 CONFUSING, AND SO WE MADE SOME CORRECTIONS THERE.

9 FOR THE TRANSLATIONAL CONCEPT, WE ARE  
10 PROPOSING A CHANGE IN THE PROJECT MANAGER PERCENT  
11 EFFORT REQUIREMENT TO 50 PERCENT. PREVIOUSLY IT HAS  
12 BEEN 35 PERCENT. AND THIS IS JUST FROM OUR  
13 EXPERIENCE WITH GRANTEES AND KIND OF WHAT HAS BEEN  
14 FELT IS AN APPROPRIATE AMOUNT FOR THE PROJECT  
15 MANAGER INVOLVEMENT IN THESE PROJECTS.

16 AN ADDITION ALSO OF GENE THERAPY TO THE  
17 SCOPE OF THE DIAGNOSTIC, MEDICAL DEVICE, AND TOOLS,  
18 AS I MENTIONED BEFORE, IN THESE TRAN PROGRAMS.

19 FINALLY, IN THE CLINICAL PROGRAM A CHANGE  
20 IN TIME TO IND FILING IN THE CLIN1 PROGRAM, CHANGING  
21 THAT FROM 18 TO 24 MONTHS. AGAIN, THIS IS FROM  
22 ONGOING EXPERIENCE WITH EXISTING CLIN1 PROJECTS. WE  
23 THOUGHT THAT 24 MONTHS IS A MORE REALISTIC AND  
24 PRACTICAL TIME FRAME FOR THEM TO ACHIEVE THE IND  
25 FILING.

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1 WE ARE CHANGING THE PERCENT EFFORT  
2 REQUIREMENT FOR THE PROJECT MANAGER TO 50 PERCENT  
3 HERE AS WELL. IT WAS PREVIOUSLY 75 PERCENT, AND  
4 THAT WOULD ACTUALLY MAKE THE PROJECT MANAGER  
5 REQUIREMENT 50 PERCENT ACROSS THE BOARD. SO IT  
6 MAKES IT CONSISTENT FOR ALL STAGES.

7 AND THEN WE ARE REMOVING A SPECIFIC  
8 PREFERENCE FOR RARE OR PEDIATRIC INDICATIONS. THAT  
9 WAS LIMITED TO PHASE 3 TRIALS. WE TYPICALLY DON'T  
10 GET MANY PHASE 3 TRIAL PROPOSALS COMING OUR WAY.  
11 AND CERTAINLY WE ARE ALWAYS OPEN FOR RARE OR  
12 PEDIATRIC INDICATIONS, BUT WE FOUND THAT IT WASN'T  
13 NECESSARILY PRODUCING ANY SPECIFIC BENEFIT. AND SO  
14 WE THOUGHT IT WAS JUST PRUDENT TO REMOVE THAT AS IT  
15 WASN'T REALLY SERVING ANY SPECIFIC PURPOSE AND THERE  
16 WAS NO REASON FOR IT TO BE DIFFERENT THAN PHASE 1 OR  
17 PHASE 2S.

18 AND SO THIS IS A SUMMARY OF THE CHANGES  
19 THAT ARE PROPOSED. AND SO WE ARE REQUESTING ICOC  
20 APPROVAL OF THESE PROPOSED AMENDMENTS TO THE DISC,  
21 TRAN, AND CLIN CONCEPT PLANS AS IS PROVIDED AND  
22 SHOWN IN THE EDITS IN THE CONCEPT PLANS PROVIDED.  
23 SO THANK YOU. HAPPY TO TAKE ANY QUESTIONS.

24 CHAIRMAN THOMAS: THANK YOU, GIL. THIS IS  
25 OBVIOUSLY A NUTS AND BOLTS SORT OF ACTION ITEM HERE,

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1 WHICH ALL OF THESE CONCEPT PLANS TEND TO GET REVISED  
2 PERIODICALLY AS NEW DATA INFORMS HOW THE PROGRAMS  
3 ARE WORKING, ET CETERA. AND SO THIS IS A VERY  
4 NECESSARY MOVE. SO THANK YOU, GIL. IS THERE A  
5 MOTION TO APPROVE?

6 DR. GOLDSTEIN: SO MOVED.

7 CHAIRMAN THOMAS: MOVED BY LARRY.

8 DR. DULIEGE: I SECOND.

9 CHAIRMAN THOMAS: SECONDED BY ANNE-MARIE.

10 IS THERE ANY QUESTIONS OR COMMENTS FROM THE BOARD?  
11 ANY COMMENTS FROM THE PUBLIC?

12 MS. BONNEVILLE: THERE ARE NO HANDS  
13 RAISED.

14 CHAIRMAN THOMAS: HEARING NONE, MARIA,  
15 WILL YOU PLEASE CALL THE ROLL.

16 MS. BONNEVILLE: DAN BERNAL. GEORGE  
17 BLUMENTHAL.

18 DR. BLUMENTHAL: YES.

19 MS. BONNEVILLE: LINDA BOXER.

20 DR. BOXER: YES.

21 MS. BONNEVILLE: ALLISON BRASHEAR.

22 DR. BRASHEAR: YES.

23 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.  
24 DEBORAH DEAS. ANNE-MARIE DULIEGE.

25 DR. DULIEGE: YES.

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1 MS. BONNEVILLE: YSABEL DURON.  
2 MS. DURON: YES.  
3 MS. BONNEVILLE: MARK FISCHER-COLBRIE.  
4 DR. FISCHER-COLBRIE: YES.  
5 MS. BONNEVILLE: FRED FISHER. ELENA  
6 FLOWERS. JUDY GASSON.  
7 DR. GASSON: YES.  
8 MS. BONNEVILLE: LARRY GOLDSTEIN.  
9 DR. GOLDSTEIN: YES.  
10 MS. BONNEVILLE: DAVID HIGGINS.  
11 DR. HIGGINS: YES.  
12 MS. BONNEVILLE: STEVE JUELSGAARD.  
13 MR. JUELSGAARD: YES.  
14 MS. BONNEVILLE: JOSEPH KIM. PAT LEVITT.  
15 DR. LEVITT: YES.  
16 MS. BONNEVILLE: LINDA MALKAS.  
17 DR. MALKAS: YES.  
18 MS. BONNEVILLE: DAVE MARTIN. SHLOMO  
19 MELMED.  
20 DR. MELMED: YES.  
21 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
22 DR. MIASKOWSKI: YES.  
23 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
24 MS. MILLER-ROGEN: YES.  
25 MS. BONNEVILLE: ADRIANA PADILLA.

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1 DR. PADILLA: YES.  
2 MS. BONNEVILLE: JOE PANETTA.  
3 MR. PANETTA: YES.  
4 MS. BONNEVILLE: AL ROWLETT.  
5 MR. ROWLETT: YES.  
6 MS. BONNEVILLE: MICHAEL STAMOS.  
7 DR. STAMOS: YES.  
8 MS. BONNEVILLE: OS STEWARD.  
9 DR. STEWARD: YES.  
10 MS. BONNEVILLE: JONATHAN THOMAS.  
11 CHAIRMAN THOMAS: YES.  
12 MS. BONNEVILLE: ART TORRES.  
13 MR. TORRES: AYE.  
14 MS. BONNEVILLE: KRISTINA VUORI.  
15 DR. VUORI: YES.  
16 MS. BONNEVILLE: KAROL WATSON.  
17 DR. WATSON: YES.  
18 MS. BONNEVILLE: KEITH YAMAMOTO.  
19 THE MOTION CARRIES.  
20 CHAIRMAN THOMAS: THANK YOU, MARIA. ON TO  
21 ITEM 10, CONSIDERATION OF NEW APPOINTMENTS AND  
22 REAPPOINTMENTS TO THE GWG. DR. SAMBRANO.  
23 DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.  
24 SO WE ARE BRINGING FOR YOUR CONSIDERATION SOME  
25 NOMINATIONS FOR APPOINTMENT FOR NEW MEMBERS TO THE

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1 GRANTS WORKING GROUP AS WELL AS SOME REAPPOINTMENT  
2 OF OLDER MEMBERS.

3 AND SO THE NEW APPOINTMENTS INCLUDE, AND  
4 WE PROVIDED THIS IN THE BIOS THAT WERE IN THE  
5 MATERIALS, THERE ARE FIVE NEW APPOINTMENTS, AND  
6 THESE INCLUDE CHRISTOPHER BONO, WHO IS A PROFESSOR  
7 OF ORTHOPEDIC SURGERY AT HARVARD MEDICAL SCHOOL;  
8 XIAOJUN OR LANCE LIAN, WHO'S AN ASSOCIATE PROFESSOR  
9 OF BIOLOGY AND BIOMEDICAL ENGINEERING AT  
10 PENNSYLVANIA STATE UNIVERSITY; LEONID METELITSA  
11 WHO'S, A PROFESSOR AT THE BAYLOR COLLEGE OF  
12 MEDICINE; ELIAS SAYOUR, WHO IS AN ASSOCIATE  
13 PROFESSOR OF NEUROSURGERY AND PEDIATRICS AT THE  
14 UNIVERSITY OF FLORIDA; AND DR. MONICA S. THAKAR,  
15 WHO'S AN ASSOCIATE PROFESSOR AT THE FRED HUTCHISON  
16 CANCER RESEARCH CENTER.

17 WE ALSO FOR REAPPOINTMENTS HAVE 19 MEMBERS  
18 WHO WE PROVIDED A TABLE WITH A PROPOSED NUMBER OF  
19 YEARS FOR THEIR SECOND AND/OR THIRD TERMS. AND I'M  
20 NOT GOING TO LIST ALL THEIR NAMES, BUT THEY ARE  
21 AVAILABLE THERE AND HAPPY TO ANSWER ANY QUESTIONS  
22 ABOUT THESE CANDIDATES.

23 CHAIRMAN THOMAS: THANK YOU, GIL. DO WE  
24 HEAR A MOTION TO APPROVE?

25 DR. HIGGINS: SO MOVED.

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1 DR. FISCHER-COLBRIE: SECOND.

2 MS. BONNEVILLE: I'M SORRY. WHO WERE THE  
3 FIRST AND SECOND? I DIDN'T CATCH THAT AT ALL.

4 DR. FISCHER-COLBRIE: MARK  
5 FISCHER-COLBRIE.

6 MS. BONNEVILLE: THANK YOU, MARK. GREAT.

7 DR. GASSON: JUDY GASSON FOR THE SECOND.

8 MS. BONNEVILLE: THANKS, JUDY.

9 CHAIRMAN THOMAS: ANY COMMENTS OR  
10 QUESTIONS OF GIL FROM MEMBERS OF THE BOARD?

11 DR. LEVITT: HI, J.T. IT'S PAT. IS  
12 THERE -- AS A NEW MEMBER, IS THERE A CAP ON THE  
13 NUMBER OF MEMBERS? AND IS THIS -- ARE THESE  
14 ADDITIONS SUFFICIENT FOR WHAT I GATHER FROM THE  
15 BUDGET REVIEW IS EXPECTATION OF A SIGNIFICANT  
16 INCREASE IN APPLICATIONS AND REVIEWS THAT ARE GOING  
17 TO BE REQUIRED?

18 DR. SAMBRANO: YES. NO, THAT'S A GREAT  
19 QUESTION. THERE IS NO CAP. SO THE WAY WE DO THAT,  
20 WE TRY TO MAINTAIN AS LARGE OF A POOL AS POSSIBLE OF  
21 MEMBERS. SO IT'S USUALLY BETWEEN TWO TO 300 THAT WE  
22 CAN DRAW FROM IN ORDER TO ASSEMBLE A PANEL OF 15  
23 GRANTS WORKING GROUP MEMBERS FOR ANY GIVEN REVIEW.  
24 AND SO DEPENDING ON THE TYPE OF PROJECTS, WE WILL  
25 ASSEMBLE THE APPROPRIATE PANEL BASED ON THAT.

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1           AND SO, YES, A LOT OF THE MEMBERS THAT WE  
2           ARE BRINGING IN ARE IN ANTICIPATION OF REVIEWS THAT  
3           WE ARE GOING TO HAVE LATER THIS YEAR THAT GO INTO  
4           THE BASIC BIOLOGY AND EDUCATION PROGRAMS IN  
5           PARTICULAR.

6           DR. LEVITT: THANKS.

7           CHAIRMAN THOMAS: LARRY.

8           DR. GOLDSTEIN: YEAH. I SHOULD REMEMBER  
9           THIS, BUT I SEEM TO HAVE FORGOTTEN. WITH NEW  
10          PEOPLE, DO THEY COME IN IN SOME SORT OF TRIAL PERIOD  
11          WHERE YOU EVALUATE DO THEY WORK WELL WITH OTHERS?  
12          ARE THEIR JUDGMENTS SOUND, ET CETERA?

13          DR. SAMBRANO: YES. SO WE DO THAT TO THE  
14          EXTENT POSSIBLE. SOMETIMES IT'S NOT. WE PREFER TO  
15          HAVE THEM COME IN AS A SPECIALIST REVIEWER. SO AS  
16          THE SPECIALIST THEY'RE NOT A MEMBER OF THE GWG, BUT  
17          THEY LEND THEIR EXPERTISE TO A REVIEW. THEY DON'T  
18          SCORE OR VOTE, BUT IT'S AN OPPORTUNITY FOR US TO SEE  
19          HOW WELL THEY DO TO DETERMINE WHETHER THEY COMPLETE  
20          ASSIGNMENTS AND JUST GENERALLY WHAT THEIR EXPERTISE  
21          APPEARS TO BE. SO WHERE WE CAN, WE HAVE THEM  
22          PARTICIPATE AT LEAST A COUPLE OF TIMES AS A  
23          SPECIALIST. AND SO MANY OF THE FOLKS PROPOSED HERE  
24          HAVE DONE THAT. AND THEN AT THAT POINT WE PROPOSE  
25          THESE NAMES TO THE LEADERSHIP TEAM TO GIVE US THEIR

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1 INPUT AND COMMENT. SO OFTEN THEY ARE INVOLVED IN  
2 AND WITNESS THE REVIEWS AND MAY HAVE OPINIONS ABOUT  
3 THIS AS WELL. SO WE DO TRY TO HAVE AS THOROUGH OF  
4 AN ASSESSMENT BEFORE WE BRING THEM ON AS GWG  
5 MEMBERS.

6 DR. GOLDSTEIN: TERRIFIC. THANK YOU.

7 CHAIRMAN THOMAS: OTHER QUESTIONS OR  
8 COMMENTS FROM MEMBERS OF THE BOARD? ANY PUBLIC  
9 COMMENT? HEARING NONE, MARIA, WILL YOU PLEASE CALL  
10 THE ROLL.

11 MS. BONNEVILLE: DAN BERNAL. GEORGE  
12 BLUMENTHAL.

13 DR. BLUMENTHAL: YES.

14 MS. BONNEVILLE: LINDA BOXER.

15 DR. BOXER: YES.

16 MS. BONNEVILLE: ALLISON BRASHEAR.

17 DR. BRASHEAR: YES.

18 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.  
19 DEBORAH DEAS. ANNE-MARIE DULIEGE.

20 DR. DULIEGE: YES.

21 MS. BONNEVILLE: YSABEL DURON.

22 MS. DURON: YES.

23 MS. BONNEVILLE: MARK FISCHER-COLBRIE.

24 DR. FISCHER-COLBRIE: YES.

25 MS. BONNEVILLE: FRED FISHER.

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1 DR. FISHER: YES.  
2 MS. BONNEVILLE: ELENA FLOWERS. JUDY  
3 GASSON.  
4 DR. GASSON: YES.  
5 MS. BONNEVILLE: LARRY GOLDSTEIN.  
6 DR. GOLDSTEIN: YES.  
7 MS. BONNEVILLE: DAVID HIGGINS.  
8 DR. HIGGINS: YES.  
9 MS. BONNEVILLE: STEVE JUELSGAARD.  
10 MR. JUELSGAARD: YES.  
11 MS. BONNEVILLE: JOSEPH KIM. PAT LEVITT.  
12 DR. LEVITT: YES.  
13 MS. BONNEVILLE: LINDA MALKAS.  
14 DR. MALKAS: YES.  
15 MS. BONNEVILLE: DAVE MARTIN.  
16 DR. MARTIN: YES.  
17 MS. BONNEVILLE: SHLOMO MELMED.  
18 DR. MELMED: YES.  
19 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
20 DR. MIASKOWSKI: YES.  
21 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
22 MS. MILLER-ROGEN: YES.  
23 MS. BONNEVILLE: ADRIANA PADILLA.  
24 DR. PADILLA: YES.  
25 MS. BONNEVILLE: JOE PANETTA.

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1 MR. PANETTA: YES.  
2 MS. BONNEVILLE: AL ROWLETT.  
3 MR. ROWLETT: YES.  
4 MS. BONNEVILLE: MICHAEL STAMOS.  
5 DR. STAMOS: YES.  
6 MS. BONNEVILLE: OS STEWARD.  
7 DR. STEWARD: YES.  
8 MS. BONNEVILLE: JONATHAN THOMAS.  
9 CHAIRMAN THOMAS: YES.  
10 MS. BONNEVILLE: ART TORRES.  
11 MR. TORRES: AYE.  
12 MS. BONNEVILLE: KRISTINA VUORI.  
13 DR. VUORI: YES.  
14 MS. BONNEVILLE: KAROL WATSON.  
15 DR. WATSON: YES.  
16 MS. BONNEVILLE: KEITH YAMAMOTO.  
17 THE MOTION CARRIES.  
18 CHAIRMAN THOMAS: THANK YOU, MARIA. ON TO  
19 THE NEXT ITEM, NO. 11. WHEN I WAS GOING THROUGH MY  
20 REVIEW AND RECITATION OF BOARD ACTIVITY OVER THE  
21 LAST EIGHT MONTHS, ONE OF THE SPECIFIC ACTIVITIES  
22 WHICH I LEFT FOR THIS ITEM WAS THE INVOLVEMENT,  
23 GIVEN THAT THE BOARD IS EVEN LARGER THAN IT WAS  
24 BEFORE, AND THE SUBCOMMITTEE STRUCTURE. AND SO THE  
25 NEXT ITEM IS GOING TO BE A REVIEW OF THE LEADERSHIP

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1 POSITIONS AND THE MEMBERSHIP OF EACH OF THE  
2 SUBCOMMITTEES, AND MARIA BONNEVILLE WILL BE  
3 PRESENTING.

4 MS. BONNEVILLE: THANK YOU, J.T. AND  
5 THANK YOU TO ALL THE BOARD MEMBERS WHO HAVE AGREED  
6 TO BE ON LEADERSHIP POSITIONS, SOME OF WHOM I  
7 STRONG-ARMED. SO I APPRECIATE YOU GUYS DOING THIS  
8 FOR ME AND FOR THE BOARD AND THE GROUP.

9 SO WE HAVE THE FOLLOWING SUBCOMMITTEES:  
10 THE APPLICATION REVIEW SUBCOMMITTEE, THE  
11 COMMUNICATIONS SUBCOMMITTEE, THE FINANCE  
12 SUBCOMMITTEE, GOVERNANCE, IP AND INDUSTRY, AND  
13 SCIENCE.

14 THE APPLICATION REVIEW SUBCOMMITTEE IS A  
15 SET COMMITTEE. ALL BOARD MEMBERS ARE PART OF THE  
16 COMMITTEE, ALTHOUGH THE FOLLOWING ARE VOTING  
17 MEMBERS, THE ONES YOU SEE ON YOUR SCREEN. THE  
18 OTHERS ARE EX OFFICIO. SO THIS IS SET IN STONE AND  
19 IS COMPRISED OF OUR PATIENT ADVOCATES, NURSE  
20 MEMBERS, MEMBERS OF INDUSTRY, AND THE CHAIR AND VICE  
21 CHAIR.

22 THE NEXT COMMITTEE, THE COMMUNICATIONS  
23 SUBCOMMITTEE, YSABEL DURON AND PAT LEVITT HAVE  
24 AGREED TO CHAIR AND CO-CHAIR THAT COMMITTEE. IN  
25 ADDITION, WE HAVE GEORGE BLUMENTHAL, ALLISON

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1 BRASHEAR, MARK FISCHER-COLBRIE, LARRY GOLDSTEIN,  
2 LEONDRA CLARK-HARVEY, DAVID HIGGINS, LINDA MALKAS,  
3 LAUREN MILLER-ROGEN, JONATHAN THOMAS, AND ART  
4 TORRES.

5 FINANCE, AL ROWLETT HAS AGREED TO CHAIR.  
6 WE HAVE HAIFA ABDULHAQ, LINDA BOXER, ANNE-MARIE  
7 DULIEGE, STEVE JUELSGAARD, SHLOMO MELMED, CHRISTINE  
8 MIASKOWSKI, JOE PANETTA, MICHAEL STAMOS, JONATHAN  
9 THOMAS, ART TORRES, AND KRISTINA VUORI SITTING ON  
10 THIS COMMITTEE.

11 FOR GOVERNANCE, WE HAVE JUDY GASSON AND  
12 KRISTINA VUORI WHO HAVE AGREED TO CHAIR AND CO-CHAIR  
13 THIS COMMITTEE. ON THE COMMITTEE IS DAN BERNAL,  
14 GEORGE BLUMENTHAL, LINDA BOXER, ALLISON BRASHEAR,  
15 ELENA FLOWERS, STEVE JUELSGAARD, LINDA MALKAS,  
16 ADRIANA PADILLA, OS STEWARD, JONATHAN THOMAS, AND  
17 ART TORRES.

18 THE IP AND INDUSTRY SUBCOMMITTEE WILL BE  
19 CHAIRED BY STEVE JUELSGAARD AND KEITH YAMAMOTO. ON  
20 THAT COMMITTEE IS ALLISON BRASHEAR, ANNE-MARIE  
21 DULIEGE, LARRY GOLDSTEIN, DAVE MARTIN, SHLOMO  
22 MELMED, JOE PANETTA, MICHAEL STAMOS, JONATHAN  
23 THOMAS, ART TORRES, AND KAROL WATSON.

24 FOR SCIENCE, LARRY GOLDSTEIN WILL BE OUR  
25 CHAIR. ON THAT COMMITTEE, HAIFA ABDULHAQ, DEBORAH

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1 DEAS, MARK FISCHER-COLBRIE, ELENA FLOWERS, JUDY  
2 GASSON, DAVID HIGGINS, PAT LEVITT, DAVE MARTIN,  
3 SHLOMO MELMED, CHRISTINE MIASKOWSKI, OS STEWARD,  
4 JONATHAN THOMAS, ART TORRES, KRISTINA VUORI, KAROL  
5 WATSON, AND KEITH YAMAMOTO.

6 AND THAT IS ALL. SO THANK YOU.

7 CHAIRMAN THOMAS: OKAY. THANK YOU, MARIA.  
8 AND BEFORE WE GET TO ANY VOTE ON THIS, I JUST WANT  
9 TO ECHO WHAT SENATOR TORRES SAID EARLIER ABOUT MARIA  
10 AND ABOUT HOW, FOR THE TEN YEARS NOW, IT'S HARD TO  
11 BELIEVE, THAT I'VE BEEN CHAIR OF THE BOARD, THAT SHE  
12 HAS BEEN AN ABSOLUTELY INDISPENSABLE RIGHT-HAND  
13 PERSON TO BOTH ART AND ME AND A GREAT FRIEND TO ALL  
14 MEMBERS OF THE BOARD AND HAS BEEN ABSOLUTELY CENTRAL  
15 TO THE BOARD'S SUCCESS IN WHAT IT HAS DONE OVER ALL  
16 THESE YEARS. SO, MARIA, THANK YOU FOR ALL THAT.

17 MS. BONNEVILLE: OH, THANK YOU, J.T.

18 MR. TORRES: HERE. HERE.

19 MS. BONNEVILLE: I APPRECIATE THAT.

20 THANKS.

21 CHAIRMAN THOMAS: SO DO I HEAR A MOTION  
22 THAT WE APPROVE? AND THE ITEM IS ACTUALLY NOT THE  
23 MEMBERSHIP. IT'S THE LEADERSHIP AS LISTED ON THESE  
24 SLIDES OF THE RESPECTIVE SUBCOMMITTEES.

25 MR. JUELSGAARD: SO MOVED.

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1 CHAIRMAN THOMAS: MOVED BY MR. JUELSGAARD.

2 DR. MARTIN: I'LL SECOND IT.

3 CHAIRMAN THOMAS: SECONDED BY DAVE MARTIN.

4 ANY QUESTIONS OR COMMENTS ABOUT THE SUBCOMMITTEE

5 STRUCTURE OR ANYTHING RELATED TO THE SUBCOMMITTEES?

6 OKAY. HEARING NONE, WE'LL JUST SIMPLY SAY THAT,

7 GIVEN THAT THE BOARD IS A LARGE BOARD, THIS WILL BE

8 CRITICAL TO THE SUCCESS OF THE AGENCY GOING FORWARD

9 AS IT HAS BEEN IN THE PAST, BUT PERHAPS NOW MORE

10 THAN EVER. SO I SECOND MARIA'S COMMENT. THANK YOU

11 FOR YOUR WILLINGNESS TO SERVE WHETHER IT'S AS CHAIR,

12 CO-CHAIR, MEMBER OF EACH OF THE SUBCOMMITTEES.

13 DO WE HAVE ANY COMMENTS FROM MEMBERS OF

14 THE PUBLIC?

15 MS. BONNEVILLE: WE DO NOT.

16 CHAIRMAN THOMAS: THANK YOU. HEARING

17 NONE, MARIA, WILL YOU PLEASE CALL THE ROLL.

18 MS. BONNEVILLE: DAN BERNAL. GEORGE

19 BLUMENTHAL.

20 DR. BLUMENTHAL: YES.

21 MS. BONNEVILLE: LINDA BOXER.

22 DR. BOXER: YES.

23 MS. BONNEVILLE: ALLISON BRASHEAR.

24 DR. BRASHEAR: YES.

25 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.

**BETH C. DRAIN, CA CSR NO. 7152**

1 DEBORAH DEAS.  
2 DR. DEAS: YES.  
3 MS. BONNEVILLE: ANNE-MARIE DULIEGE.  
4 DR. DULIEGE: YES.  
5 MS. BONNEVILLE: YSABEL DURON.  
6 MS. DURON: YES.  
7 MS. BONNEVILLE: MARK FISCHER-COLBRIE.  
8 DR. FISCHER-COLBRIE: YES.  
9 MS. BONNEVILLE: FRED FISHER.  
10 DR. FISHER: YES.  
11 MS. BONNEVILLE: ELENA FLOWERS. JUDY  
12 GASSON.  
13 DR. GASSON: YES.  
14 MS. BONNEVILLE: LARRY GOLDSTEIN.  
15 DR. GOLDSTEIN: YES.  
16 MS. BONNEVILLE: DAVID HIGGINS.  
17 DR. HIGGINS: YES.  
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19 MR. JUELSGAARD: YES.  
20 MS. BONNEVILLE: JOSEPH KIM. PAT LEVITT.  
21 DR. LEVITT: YES.  
22 MS. BONNEVILLE: LINDA MALKAS.  
23 DR. MALKAS: YES.  
24 MS. BONNEVILLE: DAVE MARTIN.  
25 DR. MARTIN: YES.

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1 MS. BONNEVILLE: SHLOMO MELMED.  
2 DR. MELMED: YES.  
3 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
4 DR. MIASKOWSKI: YES.  
5 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
6 MS. MILLER-ROGEN: YES.  
7 MS. BONNEVILLE: ADRIANA PADILLA.  
8 DR. PADILLA: YES.  
9 MS. BONNEVILLE: JOE PANETTA.  
10 MR. PANETTA: YES.  
11 MS. BONNEVILLE: AL ROWLETT.  
12 MR. ROWLETT: YES.  
13 MS. BONNEVILLE: MICHAEL STAMOS.  
14 DR. STAMOS: YES.  
15 MS. BONNEVILLE: OS STEWARD.  
16 DR. STEWARD: YES.  
17 MS. BONNEVILLE: JONATHAN THOMAS.  
18 CHAIRMAN THOMAS: YES.  
19 MS. BONNEVILLE: ART TORRES.  
20 MR. TORRES: AYE.  
21 MS. BONNEVILLE: KRISTINA VUORI.  
22 DR. VUORI: YES.  
23 MS. BONNEVILLE: KAROL WATSON.  
24 DR. WATSON: YES.  
25 MS. BONNEVILLE: KEITH YAMAMOTO.

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1 THE MOTION CARRIES.

2 CHAIRMAN THOMAS: THANK YOU, MARIA. ON TO  
3 ITEM 13, WHICH IS ONE OF THE LONGER TITLES FOR AN  
4 ITEM I WILL READ, CONSIDERATION OF DELEGATION OF  
5 AUTHORITY FOR THE NEGOTIATION AND EXECUTION OF A  
6 LEASE FOR THE OFFICE SPACE IN THE BAY AREA, ALONG  
7 WITH THE NEGOTIATION AND EXECUTION OF OTHER  
8 CONTRACTS NECESSARY FOR CIRM'S RELOCATION, TO THE  
9 CIRM PRESIDENT, IN CONSULTATION WITH THE CHAIR AND  
10 VICE CHAIR OF THE BOARD.

11 SENATOR TORRES WILL LEAD DISCUSSION ON  
12 THIS ITEM.

13 MR. TORRES: I ASK FOR AN AYE VOTE. IT'S  
14 PRETTY SELF-EVIDENT WITHIN THE SHORT MEMO OF WHAT WE  
15 ARE TRYING TO DO, AND THAT JUST AUTHORIZES US TO  
16 WORK TOGETHER WITH MARIA AND ALSO WITH OUTSIDE  
17 SOURCES. I BELIEVE KEVIN MARKS, OUR GENERAL  
18 COUNSEL, WILL BE THE POINT PERSON ON THIS ENDEAVOR.  
19 SO I ASK FOR AN AYE VOTE.

20 CHAIRMAN THOMAS: THANK YOU, ART. THAT  
21 EXPLANATION WAS SHORTER THAN THE ACTUAL ITEM ITSELF  
22 AS LISTED ON THE AGENDA.

23 MR. TORRES: YES.

24 CHAIRMAN THOMAS: SO VERY NICELY DONE. DO  
25 WE HEAR ANY QUESTIONS OR COMMENTS FROM MEMBERS OF

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1 THE BOARD? I SHOULD SAY THAT, AS JENN NOTED, OUR  
2 LEASE EXPIRES IN MARCH OF '22, AND THAT NECESSITATES  
3 US IN VERY SHORT ORDER, AS WE HAVE ALREADY BEEN  
4 DOING AS LED BY DR. MILLAN AND THE TEAM AND SENATOR  
5 TORRES OVERSEEING THE OPTIONS THAT WE HAVE WHICH  
6 WOULD OBVIOUSLY INCLUDE EXTENSION OF WHERE WE ARE OR  
7 RELOCATION TO OTHER PARTS OF THE BAY AREA. SO THIS  
8 IS CRITICAL, REQUIRES SPECIFIC, ONGOING, IMMEDIATE  
9 ATTENTION FROM DR. MILLAN. AND SO THAT'S THE  
10 PURPOSE OF THIS ITEM. ANY QUESTIONS OR COMMENTS?

11 MR. TORRES: MOVE IT.

12 CHAIRMAN THOMAS: IT'S BEEN MOVED. IS  
13 THERE A SECOND?

14 DR. BLUMENTHAL: SECOND.

15 MR. ROWLETT: SECOND.

16 CHAIRMAN THOMAS: OKAY. ANY DISCUSSION ON  
17 THE MOTION? HEARING NONE, I'LL JUST NOTE THAT WE  
18 ARE IN EXTREMELY CAPABLE HANDS IN THIS NEGOTIATION  
19 OF DR. MILLAN HANDLING THIS. SO ANY PUBLIC COMMENT?  
20 HEARING NONE, MARIA, WILL YOU PLEASE CALL THE ROLL.

21 MS. BONNEVILLE: DAN BERNAL. GEORGE  
22 BLUMENTHAL.

23 DR. BLUMENTHAL: YES.

24 MS. BONNEVILLE: LINDA BOXER.

25 DR. BOXER: YES.

**BETH C. DRAIN, CA CSR NO. 7152**

1 MS. BONNEVILLE: ALLISON BRASHEAR.  
2 DR. BRASHEAR: YES.  
3 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.  
4 DEBORAH DEAS.  
5 DR. DEAS: YES.  
6 MS. BONNEVILLE: ANNE-MARIE DULIEGE.  
7 DR. DULIEGE: YES.  
8 MS. BONNEVILLE: YSABEL DURON.  
9 MS. DURON: YES.  
10 MS. BONNEVILLE: MARK FISCHER-COLBRIE.  
11 DR. FISCHER-COLBRIE: YES.  
12 MS. BONNEVILLE: FRED FISHER.  
13 DR. FISHER: YES.  
14 MS. BONNEVILLE: ELENA FLOWERS. JUDY  
15 GASSON.  
16 DR. GASSON: YES.  
17 MS. BONNEVILLE: LARRY GOLDSTEIN.  
18 DR. GOLDSTEIN: YES.  
19 MS. BONNEVILLE: DAVID HIGGINS.  
20 DR. HIGGINS: YES.  
21 MS. BONNEVILLE: STEVE JUELSGAARD.  
22 MR. JUELSGAARD: YES.  
23 MS. BONNEVILLE: JOSEPH KIM. PAT LEVITT.  
24 DR. LEVITT: YES.  
25 MS. BONNEVILLE: LINDA MALKAS.

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1 DR. MALKAS: YES.  
2 MS. BONNEVILLE: DAVE MARTIN.  
3 DR. MARTIN: YES.  
4 MS. BONNEVILLE: SHLOMO MELMED.  
5 DR. MELMED: YES.  
6 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
7 DR. MIASKOWSKI: YES.  
8 MS. BONNEVILLE: LAUREN MILLER-ROGEN.  
9 ADRIANA PADILLA.  
10 DR. PADILLA: YES.  
11 MS. BONNEVILLE: JOE PANETTA.  
12 MR. PANETTA: YES.  
13 MS. BONNEVILLE: AL ROWLETT.  
14 MR. ROWLETT: YES.  
15 MS. BONNEVILLE: MICHAEL STAMOS.  
16 DR. STAMOS: YES.  
17 MS. BONNEVILLE: OS STEWARD.  
18 DR. STEWARD: YES.  
19 MS. BONNEVILLE: JONATHAN THOMAS.  
20 CHAIRMAN THOMAS: YES.  
21 MS. BONNEVILLE: ART TORRES.  
22 MR. TORRES: AYE.  
23 MS. BONNEVILLE: KRISTINA VUORI.  
24 DR. VUORI: YES.  
25 MS. BONNEVILLE: KAROL WATSON. KEITH

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1 YAMAMOTO.

2 THE MOTION CARRIES.

3 CHAIRMAN THOMAS: THANK YOU, MARIA. ITEM  
4 14, CONSIDERATION OF SUPPORT FOR CA SB247, THE  
5 SO-CALLED RARE DISEASE ADVOCACY COUNCIL ACT.  
6 SENATOR TORRES ON THIS ITEM AS WELL. ART.

7 MR. TORRES: YES. THIS BILL IS SPONSORED  
8 BY SENATOR TALAMANTES EGGMAN FROM STOCKTON. SHE HAS  
9 BEEN WORKING VERY HARD WITH RARE DISEASE PATIENT  
10 ADVOCATES. THEY WERE VERY MUCH PART OF OUR EFFORT  
11 DURING THE CAMPAIGN AS WELL BECAUSE THEY WERE  
12 HARDWORKING AND REACHING OUT TO PEOPLE ON THIS  
13 ISSUE. WE WOULD BE JOINING PROBABLY 17 OTHER STATES  
14 THAT HAVE ALREADY ADOPTED A RARE DISEASE ADVISORY  
15 COUNCIL, WHICH IS CREATED WITH THE STATE, AND IT  
16 WOULD BASICALLY TRY TO ADDRESS THE ISSUES OF RARE  
17 DISEASES AND COORDINATION WITH FAMILIES. WE'VE  
18 GIVEN SUPPORT TO MANY OF THESE, NOT MANY, BUT SOME  
19 OF THESE RARE DISEASE PROJECTS. AND IT'S ALREADY  
20 PASSED THE ASSEMBLY -- THE SENATE AND IS MOVING TO  
21 THE ASSEMBLY FOR APPROVAL SOMETIME LATER BETWEEN NOW  
22 AND SEPTEMBER. AND IT WOULD BASICALLY ACT AS A  
23 UNIFIED FORCE OF CALIFORNIA STATE GOVERNMENT ON WHAT  
24 OUGHT TO BE DONE WITH RARE DISEASES, NOT THE LEAST  
25 OF WHICH A ROLE WE COULD PLAY, BUT ALSO THE

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1 DEPARTMENT OF PUBLIC HEALTH COULD PLAY, AND ALSO  
2 EDUCATING LAWMAKERS ABOUT THESE DISEASES.

3 RIGHT NOW THE STATES ARE CITED IN THE MEMO  
4 THAT I SENT TO EACH OF YOU, AND WE ALREADY FUND  
5 RESEARCH IN THESE AREAS, AS I SAID,  
6 IMMUNODEFICIENCY, RETINITIS PIGMENTOSA, SICKLE CELL,  
7 AND ALSO STENOSIS, WHICH WE'VE ALSO SPONSORED IN THE  
8 PAST. SO THESE ARE WONDERFUL PEOPLE WHO ARE WORKING  
9 VERY, VERY HARD IN THIS AREA ON BEHALF OF PATIENTS.  
10 I ASK FOR AN AYE VOTE.

11 CHAIRMAN THOMAS: THANK YOU, ART. DO WE  
12 HEAR A MOTION?

13 MR. TORRES: MOVE IT.

14 UNIDENTIFIED SPEAKER: SO MOVED.

15 UNIDENTIFIED SPEAKER: SECOND.

16 CHAIRMAN THOMAS: IT'S BEEN MOVED AND  
17 SECONDED. SOUNDS OBVIOUSLY LIKE A VERY EXCELLENT  
18 THING TO BE DOING. ARE THERE ANY COMMENTS OR  
19 QUESTIONS BY MEMBERS OF THE BOARD? LARRY.

20 DR. GOLDSTEIN: YEAH. I MEAN IT SOUNDS  
21 LIKE A TERRIFIC IDEA. I JUST WOULD LOVE TO KNOW  
22 FROM SENATOR TORRES IS THERE ANY UNANTICIPATED  
23 DOWNSIDE TO DOING THIS? IT JUST SOUNDS LIKE A CLEAN  
24 PLAY.

25 MR. TORRES: NO, NO DOWNSIDE AS HAS BEEN

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1 EXPERIENCED IN OTHER STATES. I MIGHT ALSO ADD THAT  
2 THE GOVERNOR'S OKAY. HE WAS ASSAULTED PRETTY  
3 SEVERELY YESTERDAY. THANK GOD THAT STATE POLICE  
4 INTERVENED AND ARRESTED THE INDIVIDUAL. BUT HE AND  
5 I TALKED THIS MORNING ABOUT THIS LEGISLATION, AND  
6 IT'S BASICALLY TO CREATE THIS COUNCIL WHICH  
7 OBVIOUSLY HE SUPPORTS; BUT ALSO, AS WE MOVE FORWARD  
8 TO THE ASSEMBLY, IT LOOKS LIKE IT HAD NO OPPOSITION  
9 IN THE SENATE. AND I ANTICIPATE THE SAME IN THE  
10 ASSEMBLY, AND I ANTICIPATE THE GOVERNOR SIGNING THE  
11 BILL.

12 DR. GOLDSTEIN: GREAT. THANK YOU.

13 CHAIRMAN THOMAS: ALLISON.

14 DR. BRASHEAR: SO I'M IN SUPPORT OF THIS.  
15 AS A NEUROLOGIST WHO ENCOUNTERS LOTS OF RARE  
16 DISEASES, I THINK THIS GIVES US A GREAT WAY TO BE  
17 INCLUSIVE AND HAVE NEW RARE DISEASES BE BROUGHT  
18 FORTH. SO LOTS OF SUPPORT.

19 MR. TORRES: THANK YOU, DEAN.

20 CHAIRMAN THOMAS: OTHER QUESTIONS OR  
21 COMMENTS FROM MEMBERS OF THE BOARD? ANY PUBLIC  
22 COMMENT? HEARING NONE, MARIA, WILL YOU PLEASE CALL  
23 THE ROLL.

24 MS. BONNEVILLE: DAN BERNAL. GEORGE  
25 BLUMENTHAL.

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1 DR. BLUMENTHAL: THANK YOU.  
2 MS. BONNEVILLE: LINDA BOXER.  
3 DR. BOXER: YES.  
4 MS. BONNEVILLE: ALLISON BRASHEAR.  
5 DR. BRASHEAR: YES.  
6 MS. BONNEVILLE: LEONDRA CLARK-HARVEY.  
7 DR. CLARK-HARVEY: YES.  
8 MS. BONNEVILLE: DEBORAH DEAS.  
9 DR. DEAS: YES.  
10 MS. BONNEVILLE: ANNE-MARIE DULIEGE.  
11 DR. DULIEGE: YES.  
12 MS. BONNEVILLE: YSABEL DURON.  
13 MS. DURON: YES.  
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15 DR. FISCHER-COLBRIE: YES.  
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17 DR. FISHER: YES.  
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20 DR. GASSON: YES.  
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5 DR. MALKAS: YES.  
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8 MS. BONNEVILLE: SHLOMO MELMED.  
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10 MS. BONNEVILLE: CHRISTINE MIASKOWSKI.  
11 DR. MIASKOWSKI: YES.  
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22 DR. STEWARD: YES.  
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24 CHAIRMAN THOMAS: YES.  
25 MS. BONNEVILLE: ART TORRES.

**BETH C. DRAIN, CA CSR NO. 7152**

1 MR. TORRES: AYE.

2 MS. BONNEVILLE: KRISTINA VUORI.

3 DR. VUORI: YES.

4 MS. BONNEVILLE: KAROL WATSON.

5 DR. WATSON: YES.

6 MS. BONNEVILLE: KEITH YAMAMOTO.

7 THE MOTION CARRIES.

8 CHAIRMAN THOMAS: THANK YOU, MARIA. THAT  
9 CONCLUDES THE ACTION ITEMS. WE HAVE ONE DISCUSSION  
10 ITEM WHICH IS FROM TIME TO TIME WE GET SOME  
11 DONATIONS TO CIRM FROM MEMBERS OF THE PUBLIC FOR  
12 WHICH WE ARE ALWAYS VERY GRATEFUL. AND, POUNEH,  
13 WOULD YOU CARE TO COMMENT ON THESE AT THIS TIME  
14 PLEASE.

15 MS. SIMPSON: GOOD AFTERNOON, CHAIRMAN AND  
16 BOARD MEMBERS. THANK YOU FOR THE WARM WELCOME  
17 EARLIER TODAY.

18 IN FISCAL YEAR 20/21 CIRM RECEIVED THREE  
19 DONATIONS TOTALING \$200. ALL OF THEM WERE IN MEMORY  
20 OF MR. TOM HOWING. AND THAT CONCLUDES THE DONATION  
21 REPORT.

22 CHAIRMAN THOMAS: OKAY. THANK YOU VERY  
23 MUCH. OKAY. SO THAT CONCLUDES THE OPEN PART OF THE  
24 AGENDA. WE ARE NOW GOING TO PROCEED INTO CLOSED  
25 SESSION. I'M GOING TO TURN IT OVER TO JAMES

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1 HARRISON'S PARTNER BEN GEVERCER WHO'S GOING TO READ  
2 THE RELEVANT LANGUAGE THAT WILL SEND US OFF INTO  
3 CLOSED SESSION, AND THEN WE WILL PROCEED FROM THERE.  
4 BEN.

5 MR. GEVERCER: THANK YOU, J.T. THE BOARD  
6 IS GOING TO CONVENE IN CLOSED SESSION TO DISCUSS THE  
7 EVALUATION OF THE PRESIDENT PURSUANT TO GOVERNMENT  
8 CODE SECTION 11126(A), AND HEALTH AND SAFETY CODE  
9 SECTION 125290.30(F)(3)(D).

10 CHAIRMAN THOMAS: OKAY. THANKS.

11 MS. BONNEVILLE: SO WHAT WE'LL DO NOW IS  
12 I'M GOING TO BE PLACING YOU IN A BREAKOUT ROOM. AND  
13 THEN, J.T., I'LL GIVE YOU -- I'LL SEND YOU A TEXT  
14 WHEN IT'S GOOD TO START. I JUST WANT TO MAKE SURE  
15 THAT YOU ARE INDEED IN A PRIVATE CLOSED SESSION.

16 CHAIRMAN THOMAS: OKAY. THANK YOU.

17 MS. BONNEVILLE: SO I'M GOING TO ATTEMPT  
18 THIS. IT WORKED LAST TIME. WE'LL SEE.

19 (THE BOARD THEN WENT INTO CLOSED  
20 SESSION, NOT REPORTED, NOR HEREIN TRANSCRIBED. AT  
21 THE CONCLUSION OF THE CLOSED SESSION, THE FOLLOWING  
22 WAS HEARD IN OPEN SESSION.)

23 MS. BONNEVILLE: WELCOME BACK, EVERYONE.  
24 I THINK YOU HAVE SOMETHING TO REPORT.

25 MR. GEVERCER: OUR FORMAL REPORT FROM

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1 CLOSED SESSION IS THAT WE HAVE NOTHING TO REPORT.

2 MS. BONNEVILLE: THANK YOU.

3 CHAIRMAN THOMAS: OKAY. THANK YOU. AND  
4 THANK YOU, BEN, FOR YOUR HELP AND STANDING IN ON  
5 JAMES' BEHALF.

6 MR. TORRES: YOU MADE HIM PROUD, BEN.

7 CHAIRMAN THOMAS: EXACTLY. OKAY. WE ARE  
8 NOW TO THE VERY TAIL END OF THE MEETING. IS THERE  
9 ANY PUBLIC COMMENT ON ANY TOPIC OF ANY INTEREST?

10 MS. BONNEVILLE: I DON'T SEE ANY HANDS  
11 RAISED.

12 CHAIRMAN THOMAS: OKAY. HEARING NONE,  
13 LIKE TO THANK MARIA AND DOUG AND KOLE AND EVERYBODY  
14 WHO HELPED WITH THE LOGISTICS OF MAKING THIS MEETING  
15 HAPPEN. I THINK WE'VE COVERED A LOT OF GROUND  
16 TODAY. THINGS ARE LOOKING VERY GOOD OTHER THAN THE  
17 INEXPLICABLE FACT THAT THE GIANTS ARE IN FIRST PLACE  
18 AT THE MOMENT, BUT WE WON'T DISCUSS THAT IN ANY  
19 DETAIL.

20 AND I WOULD LIKE TO NOTE THAT, AS USUAL,  
21 MARIA HAS SENT ME A NUMBER OF TEXTS ALONG THE WAY.  
22 MOST WERE RATHER MUNDANE. PROBABLY THE MOST  
23 INTERESTING WAS BEFORE THE MEETING WHEN SHE SENT ME  
24 AN ARTICLE ABOUT JIMMY SMITS' ROLE IN *IN THE HEIGHTS*  
25 AND WHAT A GREAT FAN OF JIMMY SMITS SHE IS.

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1 MS. BONNEVILLE: IT WAS A GREAT MOVIE.

2 MR. TORRES: JIMMY SMITS WAS PART OF MY  
3 COOKBOOK.

4 CHAIRMAN THOMAS: MARIA AND I, BY THE WAY,  
5 WE DISCOVERED TODAY, EVEN THOUGH IT CAME OUT OVER  
6 THE WEEKEND, HAVE BOTH SEEN IT TWICE ALREADY. AND  
7 FOR THOSE WHO HAVEN'T SEEN IT, IT IS JUST  
8 OUTSTANDING AND HIGHLY RECOMMENDED BY YOUR TWO FILM  
9 CRITICS HERE ON THE SCREEN.

10 UNIDENTIFIED: YOU CAN ADD MY SON TO THAT.  
11 HE TEXTED ME AN ENTHUSIASTIC ENDORSEMENT TODAY,  
12 WHICH HE RARELY DOES.

13 CHAIRMAN THOMAS: IT'S JUST LIKE IT'S TWO  
14 AND A HALF HOURS LONG. YOU CAN EASILY DO ANOTHER  
15 TWO AND A HALF AND NEVER TIRE OF IT. IT'S JUST  
16 FANTASTIC. ANYWAY, ANY OTHER COMMENTS BY MEMBERS OF  
17 THE BOARD ON ANYTHING AT THIS POINT?

18 DR. STAMOS: BONNEVILLE AND THOMAS, IT HAS  
19 A NICE RING TO IT. WE COULD GET A TV SHOW AROUND  
20 THAT.

21 CHAIRMAN THOMAS: THANKS, MICHAEL.  
22 EXACTLY. WE'LL ADD TO THAT THE STEWARD/GOLDSTEIN  
23 DUET. SO OKAY. LISTEN, THANK YOU, EVERYBODY. IT'S  
24 BEEN A LENGTHY AGENDA. WE ACCOMPLISHED A LOT. HAVE  
25 A WONDERFUL SUMMER. WE'LL SEE THE APPLICATION

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REVIEW SUBCOMMITTEE IN JULY AND MONTHLY THEREAFTER  
AND THE FULL BOARD IN OCTOBER. SO WITH THAT, WE  
STAND ADJOURNED.

MS. BONNEVILLE: THANKS, EVERYONE.

(THE MEETING WAS THEN CONCLUDED.)

**REPORTER'S CERTIFICATE**

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE ZOOM PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE AND THE APPLICATION REVIEW SUBCOMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON JUNE 18, 2021, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

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